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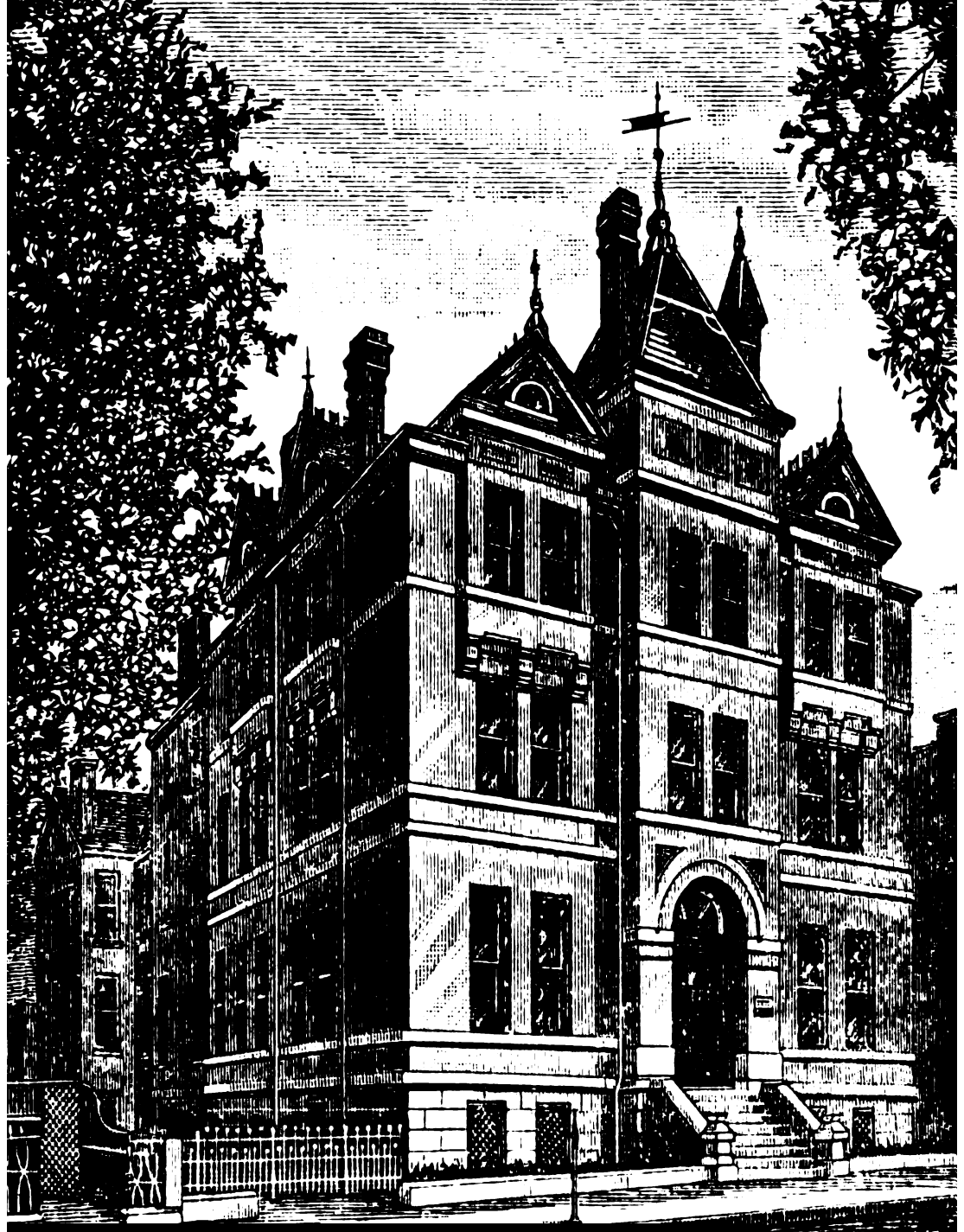

Memphis Medical Monthly

Tri-State Medical Association of Mississippi, Arkansas and Tennessee, West Tennessee Medical and Surgical Association, ...

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The **OXYDIZING AGENTS**—Iron and Manganese;

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And the **VITALIZING CONSTITUENT**—Phosphorus,

Combined in the form of a Syrup, with *slight alkaline reaction.*

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

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ITS ACTION IS PROMPT, stimulating the appetite and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

THE PRESCRIBED DOSE produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **mental and nervous affections.**

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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Embracing the separate Syrups of Lime, of Soda, of Iron, of Potassa, of Manganese, and an Elixir of the Quinia Salt; enabling Physicians to accurately follow Dr. Churchill's methods, by which thousands of authenticated cases of Phthisis have been cured. The only Salts, however, used by Churchill in Phthisis are those of Lime, of Soda, and of Quinia, and always separately, according to indications, never combined.

The reason for the use of single Salts is because of antagonistic action of the different bases, injurious and pathological action of Iron, Potassa, Manganese, etc., in this disease.

These facts have been demonstrated by thirty years' clinical experience in the treatment of this disease exclusively, by Dr. Churchill, who was the first to apply these remedies in medical practice. Modified doses are also required in this disease; seven grains during twenty-four hours being the maximum dose in cases of Phthisis, because of increased susceptibility of the patient to their action, the danger of producing toxic symptoms (as hemorrhage, rapid softening of tubercular deposit, etc.,) and the necessity that time be allowed the various functions to recuperate, simultaneously, over-stimulation by pushing the remedy, resulting in crises and disaster.

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Damiana cum Phosphoro et Nuce Vomicæ.

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INDISPENSABLE TO RESTORE A PATIENT AFTER ALCOHOLIC EXCESS.

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Palatable and easily assimilated. Does not produce Nausea nor Irritate the Stomach. Does not cause Headache nor Constipate. Does not Stain the Teeth. It is so acceptable to the Stomach that its use is admissible when all other forms of Iron would be rejected. Being so readily assimilable, it only requires a small dose.

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A MOST VALUABLE NON-IRRITATING MUCOUS ASTRINGENT.

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BEWARE OF IMITATIONS.

LIQUID BEEF TONIC

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ESSENTIALLY DIFFERENT FROM ALL OTHER BEEF TONICS. UNIVERSALLY ENDORSED BY LEADING PHYSICIANS.

This preparation, consisting of the Extract of Beef (prepared by Baron Liebig's process), the best Brandy obtainable, Soluble Citrate of Iron, Cinchona and Gentian is offered to the Medical Profession upon its own merits. It is of inestimable value in the treatment of all cases of **Debility, Convalescence from Severe Illness, Anæmia, Malarial Fever, Chlorosis, Incipient Consumption, Nervous Weakness,** and maladies requiring a Tonic and Nutrient. It is quickly absorbed by the Stomach and upper portion of the Alimentary Canal, and therefore finds its way into the circulation quite rapidly.

COLDEN'S LIQUID BEEF TONIC appeals to the judgment of intelligent Physicians in the treatment of

All Cases of General Debility.

It is essentially a **Food Medicine** which gives **tone** and **strength** in cases where other remedies have failed or been rejected. A single trial will convince any fair-minded Physician of the value of this preparation.

By the urgent request of several eminent members of the medical profession, I have added to each wineglassful of this preparation two grains of Soluble Citrate of Iron, and which is designated on the label, **"With Iron, No. 1;"** while the same preparation, **Without Iron,** is designated on the label as **"No. 2."**

In order that Physicians unacquainted with

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THE NEW HYPNOTIC

SULFONAL - BAYER.

SULFONAL was discovered by Prof. Eugen A. Baumann, of Freiberg University, and was first prepared by the Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld.

SULFONAL (Diæthylsulfondimethylmethan) is in the form of colorless prisms, odorless and tasteless, melting at 125.5° C. (258° F.) and has the composition $(CH_3)_2=C=(C_2H_5SO_2)_2$. It is slightly soluble in cold water, but easily soluble in hot water or alcohol.

SULFONAL was first examined as to its physiological and pathological effects by Prof. A. Kast, of Freiberg University, and its hypnotic action was discovered and studied by him.

Since then SULFONAL has been the subject of numerous trials and experiments by many eminent and experienced physicians. Their testimony is unanimously favorable, and the conclusions reached by them are as follows:

SULFONAL is a prompt and reliable hypnotic which in proper doses produces quiet, natural sleep, lasting a number of hours.

SULFONAL has no unfavorable effects on the heart and the circulation, nor on the temperature, the pulse or the respiration.

SULFONAL produces no disagreeable secondary symptoms; the patients with very few exceptions awake from their sleep feeling strong and greatly refreshed.

SULFONAL does not interfere with the process of digestion.

SULFONAL is a hypnotic, and not a narcotic; it acts by giving rest to the cells of the cerebral cortex, thereby causing sleep.

SULFONAL does not create an unconquerable desire for its repeated use; there is no danger of a SULFONAL-habit. Neither is it necessary to increase the dose after long continued use.

SULFONAL is best administered at supper time, dissolved in hot liquids, e. g., a bowl of soup or broth, a cup of milk, tea, coffee, cocoa, etc.

These points will be found to be fully exhibited in the series of contributions contained in our pamphlet, which will be mailed on application.

SULFONAL-BAYER is supplied by us in half ounce and one ounce vials.

We prepare 5-grain and 15-grain Tablets of Sulfonal-Bayer. The Tablet form is admirably adapted to the purpose of administering this drug, as when they are placed in the liquids, they disintegrate and are thus received into the system.

We also put up Sulfonal-Bayer in the form of our Soluble Pills, containing five grains each.

THE NEW ANTIPYRETIC

PHENACETINE - BAYER.

It is the best Antipyretic and Antineuralgic known to-day and I use no other.
W. C. WILE, A.M., M.D., Danbury, Conn.

Phenacetine-Bayer (Para-Acetphenetidine) is a white, glossy, crystalline powder, perfectly tasteless, melting at 135° C=307°F. and has the composition $C_6H_4 <^{O.C_2H_5}_{NH(CO-CH_3)}$.

It is slightly soluble in water, a little more soluble in glycerine, but most freely in alcohol.

Phenacetine-Bayer was first prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, and is of absolute purity and uniform quality.

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A PHOSPHORIZED CEREBRO-SPINANT

(FRELIGH'S TONIC).

FORMULA.

Ten minims of the tonic contain the equivalents (according to the formulæ of the U. S. P. and Dispensatory) of

Tinc. Nux Strychnos,	1	minim.
" Ignatia Amara,	1	"
" Cinchona,	4	"
" Matricaria,	1	"
" Gentian,	½	"
" Columbo,	½	"
" Phosphorus, C. P.	1 300	gr.
Aromatics,	2	minims.

Dose: 5 to 10 drops in 2 tablespoonfuls of water.

INDICATIONS.

Paralysis, Neurasthenia, Sick and Nervous Headache, Dyspepsia, Epilepsy, Locomotor-Ataxia, Insomnia, Debility of Old Age, and in the treatment of Mental and Nervous Diseases.

One of the most widely known physicians in the country, residing in Washington, says:

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"Your Tonic is a noble remedy. Some of my patients call it "The Elixir of Life." In Atonic Dyspepsia, and as an aphrodisiac it cannot be excelled."

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"Your combination I find vastly more effective than any tonic I have ever used. It furnishes a most powerful evidence of the vastly increased power of medicament by combination and judicious pharmaceutic preparation."

While an Ohio physician says:

"I have been in the profession since 1841, and must frankly say have never been much inclined to run after strange gods, but this new manipulation and combination pleases me."

The above and many similar letters from the profession can be examined at our office. Over 13,000 physicians in New England and the eastern Middle States are prescribing the Tonic regularly.

Price One Dollar per Bottle, containing 100 of the average 5-drop doses.

Physician's single sample delivered, charges prepaid, on application. That every physician may be his own judge of its value, irrespective of the opinions of others, we make the following

SPECIAL OFFER:

We will send to any physician, delivered, charges prepaid, on receipt of 25 cents, and his card or letter head, half a dozen physicians' samples, sufficient to test it on as many cases for a week to ten days each.

The Tonic is kept in stock regularly by all the leading wholesale druggists of the country.

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FEBRILINE

—OR—

Tasteless Syrup of Amorphous Quinine.

(LYONS'.)

FOR INFANTS AND CHILDREN.

Each Teaspoonful is equal to 2 Grains of Sulphate of Quinine.

CHILDREN TAKE IT AND NEVER KNOW IT IS MEDICINE.

NEVER PRODUCES SICK STOMACH, and always produces the same result as the bitter Quinine. In the manufacture of Quinine there is left, after crystalizing the Quinine, a dark colored substance known as Amorphous Quinine. We have, by purifying this Amorphous Quinine, obtained a pure alkaloid, the active principle of the Amorphous Quinine, which we have rendered tasteless, and which is equal to Sulphate of Quinine in every respect. It is tasteless because it is insoluble in the mouth, but dissolves readily in the acids of the stomach We use no Tannin, and no Yerba Santa, which contains a large per cent. of Tannin.

Physicians can make Tasteless Tonics for Children and Ladies by combining with the Febriline Iron by Hydrogen, Carbonate of Iron, or Iodide of Potash.

Nashville, Tenn., Oct. 29, '85.

We have tried "Lyon's Tasteless Preparation of Quinine," and take pleasure in saying they are all that is claimed for them, and as palatable as sugar. DUNCAN EVE, M. D.
CHAS. C. THOMPSON, M.D.

Vernon, Ind., Jan. 25, '88.

Gentlemen:—I have tried Tasteless Quinine with splendid results. It can be taken by children readily, and will produce the same result as the Quinine Sulph. I shall continue to use it, especially among children, and can heartily recommend it to any one desiring a palatable and reliable preparation of this drug.
W. H. STEMM, M. D.

Hickory Valley, Ark , Jan. 27, 1888.

Dear Sirs:—Received samples of your Tasteless Quinine Preparations. Found them satisfactory. Am using them in all cases of children requiring quinine. E. F. BEVENS.

Aledo, Parker County, Tex., Jan. 25, '88.

Dear Sirs:—I have used the Tasteless Syrup of Quinine sent me, and am highly pleased with it. Children and infants take it without any trouble, and it is as effective as the Sulphate of Quinine in controlling malaria.
O. MORSE, M. D.

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Paris Medicine Co., Paris, Tenn.

Gents:—Your preparation of Lyon's Tasteless Quinine was received. I was highly pleased with the use of it. It is the only preparation of Tasteless Quinine that I find entirely satisfactory. I deem it invaluable for infants and children, and it is as efficient in its action in every way as the Sulphate.
A. LOUIS JACKSON, M.D.

Uniontown, Md., Jan. 23, '88.

Paris Medicine Co.

I received your sample of T. S. of Quinine and find it an elegant preparation. I was able to produce the full effects of quinine and at the same time had no trouble to administer it to children who generally are averse to taking it in the usual form. L. KEMP, M.D.

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Dear Sirs:—I have formed a favorable opinion of the clinical value of your Tasteless Quinine Preparations, and find it a stable, elegant and permanent preparation, and one readily taken by patients, both old and young; and its price is not prohibitory. T. W. ROBBINS, M.D.

Jeffersontown, Ky., Jan. 23, '88.

Sirs:—I used your Tasteless Quinine and find it all that is claimed for it. Children take it as readily as if it was simple syrup, and its effect is just as satisfactory as the quinine itself. I will use it always for children and sensitive stomachs of adults. S. N. MARSHALL, M.D.

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Have found it a perfect success, especially in administering to children. My druggist ordered a supply from Messrs. Meyer Bros. & Co., St. Louis. R. M. WILSON, M.D.

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Paris Medicine Co.

Gentlemen:—I have administered your Tasteless Syrup of Quinine, and with children it more than gives satisfaction. It is the sine qua non for children, and I shall take great pleasure in recommending it to the attention of our druggist and the public generally
J. R. McCLELLAN, M.D.

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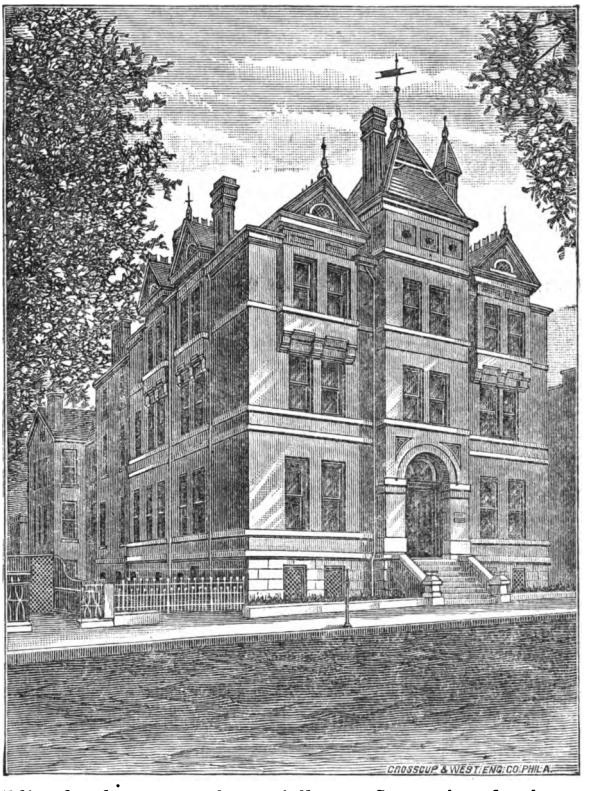

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RHEUMATISM.

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Avoid.—Starchy and saccharine food; all malt liquors, wines and coffee.

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MEMPHIS
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Original Communications.

THE USE OF THE CURETTE FOR THE RELIEF OF UTERINE HEMORRHAGE.

WILLIAM W. TAYLOR, M.D., MEMPHIS, TENN.

It is not my purpose in this article to mention any new application of the curette, or to treat of its full scope in uterine therapeutics, but only to formulate the several indications for its use in the relief of uterine hemorrhage dependent upon various causes. At the present time the power and usefulness of the curette are familiar to all gynecologists, but this little instrument does not appear to have met with the recognition that it deserves by the practitioner in general. Free and constant hemorrhage from the non-puerperal uterus is not always properly understood, and does not receive the clear and positive treatment that may characterize the general practitioner in the other departments of medicine. It is often the case that in hemorrhagic disturbances of the uterus medicinal treatment alone is relied upon, hoping that the patient may drift along until the menopause, under the impression that at that time the hemorrhage will suddenly cease. This often proves an illusion, and instead of the bloody flow ceasing it will increase, and the woman becomes much weakened and broken down. The general practitioner is, in part, excusable for his slowness in appreciating the

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power of the curette by reason of the wide variance in the opinions of the medical profession with reference to its value from the time it was devised until within a short time ago. Thus Scanzoni observes that, "the curette recommended by Recamier and Sims for the abrasion of granulations developing in the uterine cavity, is an instrument based on quite erroneous theories, and is therefore devoid of all practical utility." Even our own distinguished Dr. Emmet in the second edition of his work, said that "as regards the instrument of Dr. Sims, I believe that the ingenuity of man has never devised one capable of doing more injury. I have known peritonitis, cellulitis, pelvic abscess, and even death, to occur on removing these growths from the uterine canal with a curette, and in every instance the operator was dexterous in the use of the instrument." On the other hand Dr. Sims in his "Notes on Uterine Surgery" in introducing to the profession a modification of Recamier's instrument, considered that he had made an important contribution to gynecological therapeutics. With the advance of our knowledge in bacteriology and the safety in antiseptic measures, this opposition has, for the most part, passed away, and now in every land where modern gynecology is practiced, this little instrument is used with beneficial results. Martin of Berlin, in his recent work says, that "after the large number of operations for curetting which I have performed, I can designate this with great certainty, to be an excellent substitution for gradual dilatation and the subsequent application of medicaments. This combines easy practicability, safety and permanence of effect more than any other method of dilatation." Hegar and Kaltenbach say, that "in a very great number of cases we have never yet seen an injury from the use of the curette, and consider the procedure applied in conformity with proper indications, as one of the most satisfactory in operative gynecology." Among other distinguished advocates of the curette may be mentioned Simon, Schroeder and Olshausen, in Germany; Tate, Barnes and Duncan, in England; Thomas, Goodell and many other prominent gynecologists in America.

The curettes in most common use in this country are those

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of Sims and Thomas. The former is sharp and cutting, and is a modification of Recamier's instrument. Dr. Thomas was impressed with the danger in some cases and in unskillful hands attendant upon the use of the Sims instrument, and hence devised a further modification in what is now known as the dull or wire curette. Still another curette that is an alteration of the others mentioned, is that of Martin of Berlin, and which is being adopted by some gynecologists of this country.

It will be proper now to enter upon the consideration of the different forms of uterine hemorrhage that are best treated by the application of the curette.

(1.) Hemorrhage from retention of portions of the ovum or decidual membranes after abortion or labor at full term. As to the proper immediate treatment of incomplete abortion, the opinions of the profession differ. This is not the place to discuss this question, but suffice it to say that with the safety of antiseptic precautions I do not delay in removing the membranes, if any be retained, thereby protecting my patient from hemorrhage, and possible septicæmia. We all meet with cases, too, that give a history of abortion having occurred several months before, and since which time they have suffered from metrorrhagia. By means of the curette, portions of retained ovum or decidua are removed and the hemorrhage ceases at once. It is usual in these cases to find the os uteri patulous, and the curette enters readily without previous dilatation. Last summer I saw a patient who had a constant bloody flow for three weeks after labor at full term. Her physician had used all the ordinary means including ergot, dilute sulphuric acid, etc., for stopping it but without avail. I took with me instruments for dilating the uterine canal and for removing the remains of membranes. Her physician, however, felt very positive that none of the membranes had been left in the uterus, and stated that he had examined the placenta very carefully and that there was no interruption of its continuity whatever. The cervix was stretched with the steel dilator, the curette was passed and two pieces of placenta removed. The hemorrhage ceased and involution ensued.

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(2.) Metrorrhagia or menorrhagia, caused by fungous granulations of the endometrium. In this kind of cases I would especially recommend that the curetting be thorough and complete, and especially in this class of cases, the use of the curette should be regarded in the light of a surgical procedure and full preparation of the patient be made in accordance therewith. An antiseptic vaginal douche should be given beforehand, the patient placed under an anæsthetic, the cervix well dilated, and after the method of Martin, not alone strips and little pieces be taken away, but the whole mucous membrane should be removed. After such an operation the patient should remain in bed four or five days, and as a precautionary measure, an ice bag laid over the abdomen. In some cases curetting for removal of fungosities has to be repeated even when done in this thorough manner, and this treatment further supplemented by drainage and intra-uterine applications. Used in this thorough manner the curette is also an invaluable aid in diagnosis, as illustrated by a case that came under the writer's observation during the past spring. The patient, thirty-eight years of age, had been under homeopathic treatment two years for uterine hemorrhage. The curette was applied, and specimens of the endometrial growths submitted to two competent microscopists, residing in different cities, who pronounced the disease malignant. In this connection I would urge the use of the curette for diagnostic purposes in women about or past the menopause, where there is too free menstruation or an irregular bloody flow. It is not an uncommon thing to hear a woman say that she has been told that unusual hemorrhages may be expected about the time of "change of life." When a woman forty years of age or older complains of an irregular or more or less continuous flow, it is generally due to some pathological condition of the uterus, frequently of the endometrium, which can be removed by the curette, and a diagnosis made. In patients of this age, it is not unusual to find cancerous disease.

(3.) In the endometritis complicating fibroids, the curette often gives palliative relief. It is known that freer and more intractable hemorrhage occurs from uteri containing sub-mucous

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fibroids or intra-mural growths that project in the uterine cavity. It was for a long time thought that the hemorrhage came from the surface of the tumor, but such is not the case. The surrounding endometrium undergoes villous degeneration as in other forms of fungous endometritis, and it is from this surface that the blood is poured. It was only a few weeks ago that I saw a woman suffering from excessive hemorrhage due to an intra-mural fibroid. The curette was used, a large number of fungous growths removed and the hemorrhage was controlled. Dr. Coe of New York has an excellent article on this subject in the *Medical Record* of January 28th, 1888, and from his studies he concludes with the following summary:

1. The hemorrhage in cases of fibroid tumor of the uterus has its source, not in the tumor itself, but in the hypertrophied endometrium.

2. The hemorrhage is not directly proportionate to the size of the tumor, but to the extent of the mucous surface. Venous obstruction and the menstrual congestion in the mucosa are the chief active causes.

3. In certain cases the hemorrhage can be diminished for a considerable period by thoroughly scraping away the hypertrophied endometrium and repeating the operation as often as may be necessary to keep the menorrhagia under control.

4. Curetting is merely a palliative measure, but it may enable the patient to survive until she is relieved at the menopause, whereas radical operations too often result fatally.

5. Curetting in these cases should be regarded as an experiment, which, however, is so harmless and so frequently successful, that we are justified in giving it a fair trial before advising oophorectomy, myomotomy, or supravaginal amputation.

6. The use of the curette requires no special skill. It is an operation for the general practitioner, and is much more rational than to allow the patient to become exhausted by repeated hemorrhages which medication and other palliative measures are powerless to control.

(4.) With the curette great palliative benefit can be obtained in sarcomatous and carcinomatous disease of the inner surface of the uterus. In this way the hemorrhages and offensive discharges may be controlled for some time and the patient be given much comfort. In malignant disease of the cervix,

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the curette has only a limited application, and recourse to other more radical treatment becomes necessary.

(5.) Mucous or fibrinous polypi of the endometrium are readily removed with the sharp curette.

What has already been said in this article in reference to antiseptic precautions and the preparation of the patient as in other surgical procedures, I will repeat, being impressed with the fact that in this way harm is avoided and the best results obtained. A vaginal douche of an antiseptic solution should always be used for the operation, all instruments perfectly clean, and the patient put to bed for several days afterward. With the use of the Sims or Thomas instrument, the patient can be placed either on the back or in the lateral semi-prone position. The special manner of operating that I most prefer, especially in villous degeneration of the endometrium, and which is generally practiced by Dr. R. B. Maury of this city in his sanatorium where I have acted as assistant for several years, is that of Martin and with his instrument. That this method may be described fully and accurately, I will take the description from Martin's recent work which is now being translated into English: "Anæsthesia is not unconditionally necessary for curetting, but especially in private practice I am always glad to avoid giving the woman any pain whatever, and so I generally make use of chloroform. The patient should be placed in position lying on her back at the edge of the operation table, with both legs drawn up on the body, the posterior vaginal wall drawn down by means of a Simon's speculum, the anterior lip of the cervix secured with a pair of bullet-forceps and drawn down as far as it will go toward the entrance to the vagina, and then after thorough disinfection, and finally, also after the injection of carbolized water, the curette is inserted into the uterus. * * * * * When the mucous membrane has been removed, the interior of the uterus is washed out with the irrigator, which has been employed from the beginning in a continuous irrigation of the whole field of operation. Then with a Braun's syringe, I inject two or three grammes of undiluted liquor ferri persulphatis, and then I wash out the excess of it, and any coagula lying free in the interior of the uterus, until all

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bleeding stops, and the wash water returns clear." By the use of Kelly's perineal pad the water used in irrigation runs into a waste-bucket below, and there is no soiling of the patient or table.

A serious omission would be made should I fail to state that any recent inflammatory process in the vicinity of the uterus, such as pelvic peritonitis, pelvic cellulitis, and salpingitis, are contra-indications to the use of the curette. A very careful examination should be made and a full history of the patient before us, covering a long period, and should any symptoms of a previous peri-uterine inflammation be elicited, we should be very chary in the use of this instrument. The physician who has not had sufficient gynecological work to readily recognize these conditions, would do well to lay aside his curette, otherwise he will meet with serious troubles.

In conclusion, I would say that in believing that the curette has not reached the full measure of its usefulness for the relief of uterine hemorrhage with all physicians, I offer no other excuse for making it the subject of this article.

DOES TEETHING MAKE CHILDREN SICK?

To the Medical Profession—As the season has arrived when the diseases of children are most prevalent, and are of more or less special interest to us all, it has occurred to me to propound to the readers of the Monthly the following question, having reference more especially to intestinal disorders: Are any serious illnesses of young children connected with, or due to the process of dentition?

It is desired that physicians who are interested in children's diseases will give this question due thought and attention, and that each will write out, in a short, clear and succinct manner, his reasons for the position he may take. It is further desired that all replies be sent to the undersigned by August 1st, so they can appear in the next number of this Monthly in the form of a symposium on teething.

Respectfully, W. W. TAYLOR, M. D.

111 Court St., Memphis, Tenn.

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MOTHER'S MARKS.

J. O. LOWRY, M.D., TIMPSON, TEX.

In approaching the investigation of a subject about which so little has been written and much less understood, I am aware that my views will be met with the hottest and most enthusiastic opposition, yet I beg the indulgence of the many intelligent readers of the MONTHLY if I fail to establish a most scientific truth in the direction of or in opposition to the popular belief of "Mother's Marks." It matters not whether I establish a fact or not, as the burden of proof is not with me, but I only propose to negative the subject.

My many readers will stand now in breathless silence and say, "What, controversy on that insignificant subject?"

Yes, that is just what you are about to be confronted with. Quite a number of the medical fraternity of the United States for the last two years, most especially the North, have become enthusiastic believers and invincible defenders of the old women's superstitious notions as regards the cause and frequent occurrence of the various marks and blemishes that happen to the child in utero.

In the *Medical Age* of April 25, 1889, several of its subscribers together with its editor, the clever and learned Dr. Palmer, give me several severe criticisms for opposing them in their warm advocation of such far-fetched and unphilosophic ideas.

Whereupon the good editor in spite of all plea denied me the privilege to reply to their unfair assaults, hence my reasons for not replying to them in the same journal. Meantime I have received many letters of encouragement throughout this and adjoining States, saying they wanted to renew their subscription if I was going to continue the controversy. While the subject is not one of as much practical importance to the everyday practitioner as some subjects, yet there are many deductions to be drawn from its scientific research that will prove of great benefit not only to the physician but to every lover of truth.

Tongue and pen cannot portray my utter surprise at Dr. Palmer arraying himself on the side of superstition and

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"ghost theology." He says the cause of this strange phenomena is "psychologial rather than physiological," and endeavors to prove the verity of his assertion by comparing the relation between the mother and her unborn child to the mesmerist when he hypnotises another person. Hypnotism is a condition of the mind in which the person acted on by the performer loses sight of himself and everything else but the man with whom his mind is *en rapport*, for instance, when we see any one gap or yawn we involuntarily do the same, (without thinking of what we are doing.)

If he will prove that a mesmerist can cause another individual to obey him, do as he does, etc., without seeing, feeling or hearing him, his arguments would carry with them some force, but as it is they are not at all parallel, and his arguments, I must say with all due respect to him and his opinions, are the most ridiculous and absurd that ever emanated from a man of his brains and culture. Again he brings forward more proof wholly irrelevant to the subject, a setter bitch that acquired a fondness for a cur, yet carefully watched through all her heats, every litter of pups bore the characteristics of her mastiff friend,and so on. He adds further the much talked of mare and women that all physicians are familiar with, yet the queer features of their offspring were not caused by a fright received by the mother during gestation. Stick to the text, my brother.

Of course we believe in maternal impressions or parental impressions, but not after impregnation or conception. The impress of the mother is given to the ovum during its forming stage and while it is yet within the ovary. At the moment of its escape from the ovary it is as separate and distinct a being from its mother, as is the egg of our ordinary domestic hen at the time it is laid. The fact that it derives its nourishment from the mother's blood through the placental vessels does not alter the case at all. The womb simply acts as a nidus or nest where the fœtus is protected and developed to that degree that it is capacitated to live in the open air and derive its nourishment from the mother's breast instead of from the womb.

Now no one would for a moment say that the child is sub-

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ject to maternal impressions during the first year of its life and while receiving nourishment from the mother's breast, for it is a demonstrated fact that it does not matter from what source the child derives its nourishment during this period, whether from its own mother, a wet nurse or two of a different race, a negro woman for a white child, perhaps, etc., or from the cow or goat. Nor do we believe, that if it were possible to take an ovum from a human being immediately after conception and transplant it to the womb of a cow or mare that the result would be anything but a perfect human being with all the characteristics of its father and mother. The young and tender buds that I have just grafted from apple to peach, plum and pear, over 80 per cent. live, and will not bear fruit like that tree from which they obtain their nourishment, but like that they originated from, and if there is a word of truth in science a human ovum fructified by the seed of the male will develop in the womb of another animal as readily as the plum bud in a peach limb. Deriving its nourishment from the cow during the nine months prior to birth would have no more impression on it than deriving its nourishment from the same animal during the nine months subsequent to birth. In proof of our position we have to offer, first, the development of the embryo of oviparous animals, the chick for instance, where the development takes place in the ovum and entirely separated from the mother, still the young animal partakes as much of the characteristics of the mother, as does the viviparous animal where the embryo is developed within the body of the mother, thus showing that the embryo receives no more impression when it is developed within, than when it is devoloped without the body. Again, the child partakes as much of the characteristics of the father as it does of the mother. The impress of the father is given during the formation of the semen within the testicle, just as the impress of the mother is given during the formation of the ovum within the ovary.

The union of these two elements, the ovum and the semen, forms a living being having the characteristics of both parents alike and henceforth wholly beyond their influence as far as bestowing upon it any part of their nature is concerned.

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Now if it were possible for the mother to continue for nine months longer to impress her child it ought certainly to partake more of her nature than it does of the father's, which we know is not the case.

Translations.*

CLINIC OF PROF. A. POLITZER,

OF THE IMPERIAL AND ROYAL UNIVERSITY, VIENNA.*

Revue de Laryngologie, d' Otologie et de Rhinologie.

GENTLEMEN—Among the patients which I bring before you today is one to which I ask your special attention. This man has been afflicted for a long time with a profuse suppuration of the left ear which troubles him greatly, both on account of the quantity and the tenacity of the discharge. When you proceed to examine this ear, after having removed the pus which fills the external auditory meatus, you will discover a large perforation of the drum head, and you will observe further the presence of numerous granulations on the inner wall of the tympanum. We have here, in brief, to deal with the form of disease known as otitis media suppurativa granulosa, or simply otitis granulosa.

For the present we will defer the study of otorrhea and perforation of the drum head in order to occupy ourselves solely with the treatment of granular otitis. Various means have been lauded for their efficacy in removing the granulations. Among them are boric acid, iodine in solution or in powder, iodol, phenic acid, etc.; all of these agents have shown themselves quite worthless in the treatment of granulations.

Operative method.—We have, however, a means by which we can effect rapidly the radical removal of the granulations, viz., by operation. It was introduced by Oscar Wolf, and consists of the removal of the excrescences from the promontory or accessible parts of the inferior or posterior walls of the tympanum with a small spoon provided with cutting edges. These spoons are very variable in form, according to

* Translated from the French for the MONTHLY by A. G. Sinclair, M.D., Prof. of Ophthalmology, Otology and Laryngology in Mem. Hosp. Med. College.

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location of the granulations. We have here a patient for whom I have removed by this procedure, as you can see, a granulation the size of a small pea, which had its site on the inner wall of the tympanum. This method of treatment is very easy and very expeditious and can often be employed. You should know, however, that the removal is only partial, and that it is then necessary to cauterize what remains of the growth, or to instil alcohol, in order to accomplish its complete destruction. But even in that event the operation abridges greatly the duration of the treatment.

Cauterization with nitrate of silver.—When the granulations are very numerous and cannot be removed by the instrument we may resort to cauterization, and this may be done with nitrate of silver. For this purpose the granulations should first be raised with a probe and in a manner mobilized. These preliminary precautions taken, select a stylet that will not be injured by the caustic. Then the nitrate of silver is to be heated to the point of liquefaction and the point of the instrument, previously moistened, dipped in the liquid thus obtained. A certain quantity of the nitrate will adhere to the end of the stylet and can easily be applied to the granulations. Cauterization with nitrate of silver should only be made through the speculum, in order to avoid touching those portions of the conduit which should not be attacked. Moreover, the nitrate of silver must be applied directly to the granulations in order to produce the effect desired.

Cauterization with nitrate of silver is, however, not without some disadvantages. In the first place this agent usually causes some pain and consequent complaints from the patient. It is true that this may be obviated by the instillation of a few drops of a five per cent. solution of cocaine into the auditory canal. A greater disadvantage, to my mind, arises from the fact that the nitrate of silver, immediately after its application, forms a sort of protective varnish over the granulations which so greatly interferes with its action that at most it can affect only the more superficial parts of the neoplasms. This being so you can easily see that it would be necessary to repeat the applications frequently and almost indefinitely. Should you, nevertheless, desire to employ this

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agent, I would counsel you to do so only in the limited number of cases in which the granulations are but slightly developed, and in which other remedies prove ineffectual.

Cauterization with perchloride of iron.—Another agent that may be employed in the treatment of the affection which now occupies our attention, is the perchloride of iron (*ferrum muriaticum*) either in solution or crystallized. If you desire to use it in solution you may employ it in the concentrated form obtained by exposing the crystals to free air. Under these conditions the perchloride of iron becomes dignified in consequence of its hygrometric properties, and the fluid thus obtained may be used in the following manner: Dip the extremity of a stylet in the solution, a little drop will adhere to it and is to be brought in contact with the granulations; or the application may be made by twisting a small pledget of cotton on the end of a slender probe which is saturated with the solution and then introduced into the cavity; or the same thing may be accomplished with slender forceps. You should rub the granulations slightly with the tampon, in order that the perchloride may penetrate more deeply, and its action thus be rendered more energetic. The perchloride of iron causing much less pain and penetrating much more deeply than the nitrate of silver, I do not hesitate a moment in giving it the preference over the latter agent.

You can also employ the crystallized perchloride of iron. In this form the perchloride consists of amorphous crystals of a yellow ochre color, as you will perceive by examining the contents of this bottle. Crystallized perchloride of iron is especially useful in cases in which the granulations are small, very resistant, and cannot be removed with instruments. The application is made with suitable forceps, after which, in order to prevent the perchloride from dissolving in the external auditory canal and to increase its action on the vegetations, it is kept in place with a cotton tampon.

The employment of the perchloride of iron appears to me less disagreeable and at the same time more advantageous than that of the nitrate of silver, but it must be remembered that its action is limited, and it may consequently prove

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ineffectual in cases of polypoid granulations where the latter are of considerable size.

Cauterization with chromic acid.—Many practitioners employ chromic acid in the cauterization of granulations in the ear. There are two principal methods of using it: The fusion of the crystals on the end of a stylet, and in concentrated solution. In the former method the stylet is brought directly in contact with the granulations upon which the fused chromic acid is deposited; in the second method the extremity of the stylet furnished, or not, with a cotton tampon, is plunged into the solution and then applied to the granulation. The action of chromic acid is very painful, even after the application of cocaine, and I therefore employ it very rarely. Moreover, when I add that it always fails where the perchloride of iron does not succeed, you will see that I prefer the latter agent.

Galvanic cauterization.—The granulations can also be destroyed with the galvano-cautery. This is a very excellent and certain method, and with preliminary cocaine anæsthesia it is almost painless. A galvano-cautery of small dimensions should be employed, and should be introduced into the external auditory canal only after thorough cleansing of the latter. Care must also be taken to heat the point of the cautery only at the moment of contact with the tissue to be destroyed. As the canal becomes filled with smoke during the cauterization, it is necessary to interrupt the process in order to blow it away, when, if you deem it proper, you may continue the operation. The intensity of the current should be such that the cautery can be rapidly heated, and at the same time cause the least possible pain. At each sitting three or four cauterizations can be made. I have frequently observed the disappearance of the granulations in the tympanum after two or three cauterizations to the level of points which had not been touched by the galvano-cautery.

COMPLICATED FRACTURE*.—Dr. Lavista presented to the Academy a patient operated upon, in company with Dr.

* Translated for the MONTHLY from *Gaceta Medica*, City of Mexico, by George Mott, M.D., Spurger, Texas.

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Orvananos. The individual had suffered a double fracture, exposing both bones of the leg. When Dr. Orvananos saw him he had been treated with a fracture apparatus and outward applications for a month without any special symptoms arising. At the end of this time the apparatus was removed, when no evidence of consolidation was found. Fragments of bone were still loose, and a feeling of weight and stretching still persisted. Symptoms of infection and the fever of suppuration appearing, and consulting other physicians on the case, they believed amputation was necessary. For his part he believed otherwise, and finally prevailed on them to do the lineal operation of Maisoneuve—approximating the edges of the fragments, and securing their coaptation by means of sutures in the bone. The result was that a complete union was quickly obtained, leaving the member operated upon with a shortness scarcely perceptible. As this manner of treating a complicated fracture is a good method, he desired to present the patient to the Academy so that they might verify the consolidation of the bone and preservation of the limb, after the indications had pointed so strongly to its sacrifice.

N. SENN IN THE MEXICAN EYE.—Dr. N. Senn has been offered for honorary membership of the National Academy of Medicine, of Mexico. Dr. Senn will be remembered as the inventor of insufflation of hydrogen gas into the intestine to diagnosticate minute perforations in cases of penetrating wounds of the abdomen, which discovery is a positive advance in surgical science. Hydrogen can be forced to run the entire length of the intestinal tube, from the anus to the stomach, with a pressure of 1½ pounds per square inch; and in case of a wound of the intestine the gas will escape at the solution of continuity, and can be recognized in combustion by the color of its flame, and other characters chemical and physical. This operation is entirely harmless, and can cause no damage.

Dr. Senn relates three cases where he has resorted to this proceeding, the second being very curious, in which he found eleven perforations, which were sutured. The intestine was reinsufflated and a twelfth perforation found, which, from its minuteness had escaped observation. This was equally well secured. In cases of intussusception the method is equally advantageous.—*Ibid.*

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THERAPEUTICS OF SULPHUR.—*Physiological Effects.* On the alimentary canal sulphur acts as a stimulant to the normal peristaltic movements, and in moderate doses becomes a laxative. It is probable that the stomach itself is little influenced by the sulphur, as the surface and contents of that organ are usually acid in reaction, and possess no solvent power; but when it arrives at the duodenum, and meets with a different condition of the mucous membrane and the presence of bile and pancreatic fluid, both alkaline in reaction, more or less of it becomes converted into a soluble sulphide, which is absorbed by the portal vessels, and passes first through the liver and afterward into the general circulation by the hepatic vein. From the blood it afterward becomes eliminated partly by the skin and partly by various mucous membranes. We have good evidence that it is thrown out by the skin in the fact that silver worn close to the surface becomes blackened to some degree when sulphur is taken continuously, and the odor of sulphureted hydrogen can occasionally be detected in the breath. The presence of the cream of tartar in the lozenge helps to prevent the formation of any soluble sulphide in the stomach, and hence the absence of sulphurous eructations. Any soluble sulphur, however, which reaches the cecum and colon, where the reaction is again acid, is apt to evolve hydrogen sulphide, and impart odor to the contents of the lower bowel.

Therapeutic Effects on the Alimentary Canal.—As the alimentary canal is influenced partly by the direct action of the sulphur on its mucous membrane, partly by the circulation of the sulphureted blood through the intestinal capillary system, and partly by the altered and increased flow of bile from the liver, it will be naturally expected that in morbid states of this canal we should be able to detect marked effects from the continued administration of the remedy.

When commencing the use of the small doses of sulphur, I scarcely anticipated that any appreciable laxative effect would be produced by them; in this, however, I was mistaken, and although the word purgative is too strong to be applied to the action of a single lozenge taken at bed-time, still, in the majority of cases, it is sufficient to prevent the necessity

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of ordinary aperients being administered. In several instances I have known distinct purgative effects produced by the five grains of sulphur given in the form of a lozenge; but this may be looked upon as exceptional.

That the secretion from the liver is increased in cases of sluggish action of that organ is often very noticeable in the altered character of the feces; many patients have informed me that under the influence of the drug their motions have been brought from a pale clay color to the normal state; and although the action of the sulphur is slow compared with that of mercury, still in chronic torpid conditions of the liver the advantage of the sulphur over the mercurial treatment is undoubted. When we consider that the most important salt of human bile—namely, taurocholate of soda—is a sulphur compound, and one containing a large percentage of that element, it might almost have been anticipated that the administration of sulphur for a long time would produce a marked alteration of the biliary secretion. In the case of sodium, the other ingredient or base, which is united with both the taurocholic and glycocholic acids, we have good evidence that its influence on the secretion of the bile is well marked; hence in hepatic and stomach disturbances we usually select sodium salts in preference to those of potassium or lithium; hence, also, the value of Vichy, Marienbad, and Carlsbad waters in the treatment of chronic hepatic diseases. It is probable that the alimentary canal is more affected by the secondary action of the sulphur upon the intestinal glands than by the direct action of the drugs, and that the increased peristaltic effect is dependent to a great extent upon the increased glandular secretion. In hemorrhoidal conditions not suitable for surgical interference, and in some cases of bleeding from the rectum, I have seen the most marked beneficial effects from the continuous sulphur treatment; the bleeding is often completely stopped, and great relief of all the symptoms obtained, especially the accompanying pruritus.

A horse artillery officer returned from India suffered from hemorrhoids to an extent which almost incapacitated him from performing his military duties. As it was not practicable for him to have any surgical operation at the time, I

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suggested he should take a sulphur lozenge each night for some months; he did so, and at the end of four months had recovered so completely as to feel equal to return to India and resume active duties.

Another case recently seen is of some interest. A middle-aged lady gave the following history of her ailment: For many years she had suffered from attacks which were called hepatic colic, and in the intervals of the severe attacks she had constant trouble, evidently connected with the imperfect action of the liver. She had been to Carlsbad and Vichy several times, usually with more or less advantage, but with no approach to cure. After treating her for the discomfort she was at the time suffering from, I ordered the sulphur lozenge to be taken each night for many months—in fact, till her return to town. I saw no more of her for ten months, and then found that she had persevered with the treatment and had wonderfully improved; the attacks of colic had gradually lessened both in frequency and severity, and were practically removed; and her last visit was more for the purpose of inquiring if she might still continue the use of the lozenge than from need of further treatment.

I have been told by some few patients that they have experienced much relief from the lozenge in regard to a chronic discomfort of the throat (probably pharyngeal), which had either alternated with or accompanied a morbid condition of the rectum. My case-books furnish me with numerous cases in which the long-continued use of small quantities of sulphur has proved of great value in chronic diseased conditions of the alimentary canal, but I think what I have already stated is sufficient to direct the attention of the profession to the subject. Scarcely a day passes in which I am not told by some one or other of the great benefits experienced from the use of the lozenge; and it is not unusual to find that if prescribed for one member of a family they are soon taken by several others.

Diseased Condition of the Pulmonary Passages.—That sulphur, after being absorbed into the blood, acts upon other mucous membranes besides those of the alimentary canal and its appendages is not only probable but is made evident

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by the fact that the odor of sulphureted hydrogen can sometimes be detected in the breath; and experience has shown that certain forms of bronchitis, especially when in aged persons and very chronic in character, are beneficially influenced by the administration of the drug. Formerly a very disagreeable preparation was used for the purpose; it was called the balsam of sulphur, and consisted of sulphur dissolved by the aid of heat in olive oil. Now that the remedy can be so readily given in the form of a lozenge, it might be desirable to make some extended trial of it in these troublesome affections.

The Mucous Membrane of the Urinary Tract.—My experience as yet will not enable me to say much on the value of sulphur in chronic forms of cystitis. In some affections of the kidney it is far from being contra-indicated, as its influence on the skin would tend to relieve any congested state of the renal organs.

Diseases of the Skin and its Appendages.—The popular idea of the value of sulphur in affections of the skin is probably founded on experience, and if any argument is required to add to the probability, it is the fact that when taken for any length of time, even in moderate doses, it is eliminated from the skin in a very appreciable degree. In acne, psoriasis, and prurigo, it is useful either given alone or as an adjunct to other treatment; also in some of the localized forms of eczema, especially those connected with a gouty diathesis, as pruritus ani; is often most useful in allaying the very troublesome itching of that complaint—an effect probably due in part to the action of the sulphur on the skin, and in part also to its action on the hemorrhoidal vessels. Under the influence of small doses of sulphur, when long continued, the complexion of the patient often improves to a marked degree.

Not long since a lady who has taken the sulphur lozenge for nearly three years told me as a fact, what I little anticipated, that after she had continued the remedy for a short time her finger-nails, which had for long been accustomed to split very readily, so as to become very troublesome, ceased to do so; but when she omitted the use of the sulphur the

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brittleness returned. Again on resuming the use of the lozenge the nails became healthy, and have now remained so for two years.

If the growth of the nail is altered by the exhibition of sulphur, is it not probable that the hair, another cutaneous appendage, may be also influenced by it? It is certainly worth while to watch and see if an effect of any kind is produced on the growth of the hair under these circumstances. At present my experience will not allow me to give any definite answer to the question.

Morbid Conditions of the Muscular System.—From time immemorial sulphur has been employed as a remedy in chronic muscular rheumatism, and among the peasantry it is not uncommon to find that flowers of sulphur suspended in gin are made use of; the spirit may sometimes assist the action of the remedy, and often is an inducement to perseverance in the treatment. It is in such forms of muscular affections, which are benefited by guaiacum, serpentary, and such like stimulants, that sulphur is found to be most efficacious. In cramps, so common in gouty subjects, the administration of sulphur is often very valuable, and I find in one of my case-books an entry to the effect that a gouty patient suffering from many of the so-called irregular forms of the disease is, among others, very subject to cramps; but these are quickly relieved and completely kept at bay by taking the sulphur lozenge.

Chronic Articular Diseases.—It was for the treatment of the disease formerly designated by the name of rheumatic gout, but now called rheumatic arthritis, that I first prescribed sulphur in small and continuous doses. At that time I had no idea that it would prove so valuable in morbid states of the alimentary canal, my object being simply to bring the system under the influence of the drug, and thus endeavor to alter the morbid condition of the articular strictures. From my experience, I feel convinced that sulphur is useful in some chronic affections of the joints, although as yet I can not say I have depended altogether on the remedy, but have made it only a part of a therapeutic plan in which it has been often associated with powerful agents, such as iodine and

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arsenic. The more chronic the form of the articular disease the more likely is sulphur to prove beneficial. In true gouty states of the joints, when the disease is both chronic and asthenic, sulphur is often a valuable adjunct to other remedies.

Up to the present time I feel that I cannot speak confidently of the amount of benefit which is derived in chronic articular affections from the influence of the sulphur apart from other remedies. That it is valuable as an adjunct I have no hesitation in asserting, and that it often enables us to avoid the administration of purgative medicines is of itself a great desideratum.

Summary. (1) The results contained in the present communication were derived from the administration of very small doses of sulphur continued for a lengthened period of time; the doses being much smaller than those hitherto employed, often not exceeding five grains each day; and the time of exhibition much longer, namely, weeks, months, and in some cases years. (2) A lozenge, named the compound sulphur lozenge, containing five grains of sulphur and one of cream of tartar, was usually prescribed, as being very convenient and by no means unpleasant in taste; and it was found that patients could be readily induced to persevere in using them for an almost indefinite time. (3) The physiological effect of these minute doses of sulphur are observed upon the alimentary canal and the organs connected with it; also on the pulmonary mucous membrane and the skin. (4) Sulphur is not an element foreign to the system, as it is contained in the most important proximate principles of the blood and flesh, and likewise of the bile and saliva. (5) Sulphur given in the manner above described is of great value in many morbid states of the alimentary canal and liver, as in cases of hepatic sluggishness and in piles and hemorrhoidal hemorrhage; besides which the continued use of the lozenges is often quite effectual in obviating habitual constipation without producing the unpleasant action often pertaining to ordinary aperient medicine. This beneficial effect on the bowels has doubtless been the chief cause of the lozenge having become so much liked, so continuously persevered in,

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and so extensively used. (6) Sulphur in small doses is sometimes useful in the affections of the pulmonary mucous membranes. (7) Sulphur has long had a reputation, and doubtless is of much value, in many diseases of the skin and its appendages. (8) Some arthritic diseases, especially chronic forms of rheumatoid arthritis and gout, and also many cases of muscular rheumatism, are much benefited by the continued use of small doses of sulphur.

In conclusion it may be mentioned that the use of the compound sulphur lozenge, since first employed (not five years ago), has spread most widely; and I have been informed that one maker of medicinal lozenges has, during the last six months, sent out three hundred weight, which is at the rate of about two hundred and twenty thousand lozenges a year. Without wishing to lay too much stress on the value of the treatment I have been speaking of in the present communication, or of being thought to consider sulphur applicable as a therapeutic agent in more than a limited number of diseases, still of one fact I feel confident, that there are many hundreds at the present time who are indebted for much health and great comfort to the use of this simple and harmless remedy.—*Sir Alfred B. Garrod, London Lancet.*

The Suspension Treatment of Locomotor Ataxia.—The first case treated in England (*London Med. Press*) on the plan described in our issue of February 6th is one at present in St. Mary's Hospital, under the care of Dr. de Watteville, physician in charge of the electro-therapeutic department of the hospital, who began a course of suspensions the same day that Professor Charcot's article reached London. He has since taken two other cases in hand, and the results have so far been satisfactory. The improvement in the first case is evidenced by the facility with which the patient can turn round sharply, a feat particularly difficult to ataxics, even at an early stage of the disease. The other symptoms, subjective and objective, are also showing signs of gradual abatement. The case was one of unusual severity, the disease being of over six years' duration.

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SURFACE VIEW OF WELL.

PURE WATER.—We have heretofore given a somewhat succinct account of the discovery of artesian wells in this city. We have also given the analysis of the water by Dr. Charles Smart, Major and Surgeon U. S. Army, Washington, D. C.; Prof. J. W. Mallett, of the University of Virginia; Prof. E. H. Bailey, of the Chemical Laboratory of the University of Kansas, all attesting its remarkable purity. The city of Memphis has been enjoying this water now, for nearly one year, using from eight to ten million gallons daily, and there are no signs of exhaustion of the wells. The increased demands, however, of a rapidly growing city have rendered it necessary to largely increase the pumping capacity, and in view of this the Water Company is placing an entirely new plant. To give our readers some idea of the character of this work we will mention some facts connected therewith.

The pump house being constructed, will be 75 by 170 feet in dimensions, having two smoke stacks of solid masonry, each 13 feet in diameter at the base, 9 feet at the top, and 125 in hight. The pumps will sit in a dry well, 45 feet deep, and 38 feet in diameter, taking water from a well 10 feet in diameter, into which the mains from all the wells will discharge the water to be distributed by the pumps to the great stand-pipe on Shelby street and throughout the city.

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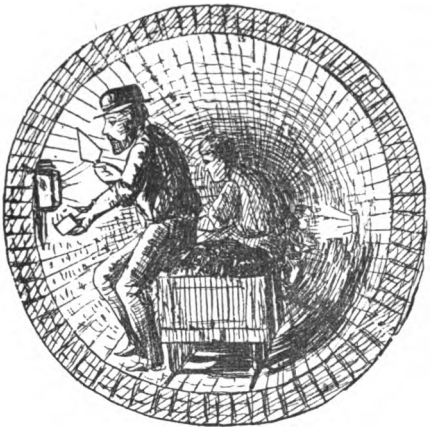
The stand-pipe on Shelby street is a grand piece of work, and constitutes one of the features of the Artesian Water Plant. It has been constructed of steel plates 1¼ inches thick, and having a diameter of 20 feet, and stands 160 feet above the level of the street. It will contain over 500,000 gallons of water.

Two tunnels are being constructed 80 feet below the level of the streets. The shaft leading to these is navigated by a steam elevator and the tunnels are traversed by a narrow



SECTIONAL VIEW OF TUNNEL.

railway track, over which the visitor may travel. The tunnels are five feet in diameter, and cased in brick laid in cement, and will be, when completed, about 3000 feet long. The water is conveyed from the wells by means of laterals to these tunnels and by them is carried to the pumping station.

The company has lately purchased at an enormous expense, and is now putting in position, on a foundation that alone cost thirty thousand dollars, three of the Worthington Compound Condensing High Duty Engines, which have the reputation of being the most perfect machinery for water distribution that has yet been invented, and are designed to pump ten million gallons each per. day.

Prof. Laurence C. Johnson, of the United States Government Geological Survey, having visited Memphis in the prosecution of his investigations in April, 1889, was inter-

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viewed as to the result of his visit, and replied as follows:

If I had been consulted even prior to the investigations during my present survey, my answer would have been favorable to the probability of obtaining flowing wells at some depth. But I could not have foretold what has been revealed at these grand water works—the great abundance and purity of the water, and the exact degree of the static pressure.

Geologists have long known the existence of great water-bearing sand beds, which crop out at higher planes to the eastward, any one of which might have been expected to yield the desired supply. If not the first 400 feet below the surface, at least the second bed at 2000 feet, or the third at 3000 feet.

To make this plain: Consider, first, a map of the Memphis basin, taken from the general geological map of the United States and, secondly a scheme or section, cut east and west, through this city.

The first shows the extent of the newer formations between the paleozoic regions of Middle Tennessee and similar rocks on the west, constituting the highlands of Arkansas, in which rise the head-waters of White River. In thickness the greater part of these mezozoic and cenozoic layers are of marine origin—deposited when the ocean extended an arm to Cairo. They were later covered up and hidden by fresh-water layers. A considerable outcropping is displayed to the east. There is one loop in the middle which indicates the outcrops of "Jackson" marl on the St. Francis River. This marl doubtless suffered much erosion before the deposition of fresh-water clays and loams now hiding it, but stood it better than the sandy layers of the Claiborne stage of the eocene next underlying it.

The second shows the geological structure of the basin.

The topmost and newest, where it occurs, is, of course, the alluvium of the bottoms.

The next, where not washed away, is the Loess, known locally as the "Brown loam." At Memphis this has a thickness of 50 to 75 feet.

Underlying the Loess may be distinguished the "gravel bed," with a thickness of from 10 to 20 feet. It is very variable and uneven, because dropped upon an unevenly eroded surface. Almost co-extensive with the Loess, it reveals that the latter has a westward dip of five to six feet to the mile only, and covers an immense territory. The Port Hudson formation may be regarded as a modification of it.

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Undisputed, on the line of this section, it has a breadth of 24 miles. Including the "yellow loam," which may also be considered a modification of it, it stretches 42 miles farther.

Next under the loam and the gravel comes the first stratified formation. These borings reveal to us its depth and distinctness from the deeply-eroded marine sands, upon which it rests unconformably. Limiting its extent to a mile or two east of Grand Junction, where it thins out, the dip is eight or ten feet to the mile, and the thickness at Memphis is 220 feet.

Following Dr. Safford, we must call this the "LaGrange Formation." It is of the utmost importance at Memphis, to which the Jackson marl never extended, or has been washed away, because it forms with its deep clays the lid to the bowl that holds the water. It may be considered of lacustrine origin, and may everywhere be recognized by deep clay beds, containing concretions of ferrous carbonate, and innumerable leaf impressions in the clays, and clay-iron stones.

Below the "LaGrange clays" lie the beds of marine sands, interstratified with thin partings of clay and ferruginous sandstone. The last often contains impressions of eocene fossils of the Claiborne stage. Following Dr. Hilgard, who recognized its character in Holmes, Carroll, Montgomery and Grenada counties, Miss., it may be designated as the "Silicious Claiborne." No calcareous beds of this horizon have been discovered northward and westward of Big Black River. It has been observed, however, that it has spread out in territory and increased in depth, as we proceed northward, until at Memphis it has a thickness probably of 800 feet.

This formation suffered great erosion to make way for fresh-water deposits, now resting upon it and concealing the greater part of what would otherwise have been its superficial outcrops. Seven hundred feet of these sands still remain at the site of the Memphis wells and furnish the water supply.

Next beneath these sandy beds come the hard clay and sandy clay stones, of a formation easily recognized in the borings and on the surface, also. Dr. Safford calls it the "Porter's Creek" formation. It is identical with what is known in Alabama as "Buhrstone and Hatchitigbee" (Smith & Johnson), and in Mississippi as the "Meridian" formation (*nobis*). Dr. Hilgard considered it, from the fossils, a division of his "Silicious Claiborne." By whatever name known, it is the bottom of the bowl, and has a thickness of 200 to 300 feet.

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Beneath this come beds of limestone and sands belonging to the cretaceous age. The sands are water-bearing, and furnish water to the borings in the flat woods.

Next under the first cretaceous sands (the "Silicious Ripley") come Dr. Safford's calcareous "green sands" and "shell beds"—impervious to water. And again, beneath these are the "coffee sands" (Safford), equivalent to the "Tuscaloosa" formation of Alabama (Smith & Johnson), which are also water-bearing, and supply the bored wells of the eastern slope on the Tennessee River.

A Case of Chronic Interstitial Hepatitis with Hemeralopia, Simulating Cerebral Hæmorrhage.*—The appended case presents so many unusual phenomena that it may be permissible to place it on record:

William Braydon, aged forty-three, a native of the United States, sailor by occupation, was admitted to the United States Marine-Hospital, New York, on March 20, 1889. He had just arrived in this city from San Francisco *via* Cape Horn. One month after his departure, trouble with his vision at night commenced, the hemeralopia eventually becoming so complete that he was not assigned to watch duty after sundown. The rations furnished were plentiful and of good quality.

The patient was a well-developed male, with dark hair and complexion. He had been drinking when admitted to the hospital. His vision was not quite normal ($\frac{20}{30}$); but nothing abnormal was detected in examination of eye, excepting congested retinal vessels. This was rather unusual, because cases of hemeralopia occur not infrequently among sailors that have recently crossed the equator; but this condition is associated with retinal anæmia. His locomotion was irregular, and he spoke thickly; no local paralysis found. He had a chancre (?) twenty-five years ago; no secondary symptoms. He complained of no nausea or digestive trouble. Appetite fair. He was ordered ten grains of kalium iodide in water two hours after each meal.

On the morning of the 21st he felt fairly well. Had wan-

*S. T. Armstrong, M.D., Passed Assistant Surgeon, United States Marine-Hospital Service, in *N. Y. Med. Jour.*, May 25.

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dered about the ward during the night apparently unconscious of his actions. As he had not fallen nor injured himself by striking against objects in the room, the suspicion of malingering arose. He, however, gave a reasonable excuse for his actions.

At three o'clock on the morning of the 22d he fell out of bed, exhibiting convulsive movements of the arms and legs. His eyes were shut. He had involuntary evacuations of the bladder and rectum. At the ward visit, seven hours later, he was unconscious; his breathing was stertorous; the pupils were dilated; the radial pulse full and rapid (108); temperature 37.8° C. (99.5° F.) The urine was examined for sugar and albumin with negative result. The patient remained in the comatose condition for twenty-four hours, when death occurred.

The necropsy was made seven hours *post mortem*. On removing the calvarium, the meningeal veins were found to be congested. On section the brain was normal.

Examination of the heart and lungs showed these organs to be normal.

On opening the peritonæum, a small quantity (about 500 grammes—one pint) of ascitic fluid escaped. The liver weighed 1410 grammes, and presented the hobnailed appearance that exists in chronic interstitial hepatitis. The gall bladder contained about 30 grammes of bile of thin consistence, but usual color. The right kidney weighed 178 grammes; the left, 165 grammes; each showed moderate parenchymatous nephritis. The spleen weighed 606 grammes; it was normal. The stomach showed chronic inflammation of the mucous membrane, and contained a "coffee-ground" colored mucus. The intestines and bladder were normal.

The absence of ascites, œdema of the extremities, and especially of icterus, in a case of this character, is certainly rare. Nothing in the history of the case caused a suspicion of diseased liver.

The prodromal trouble in sleep, walking, and speech, as well as the hemeralopia, led to the sudden comatose condition being considered apoplectic. The convulsions were reported by the other patients, and were not noticed by the assistant,

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Dr. George B. Young, who was called almost at once. They did not occur a second time.

While no English text-book emphasizes the existence of hemeralopia in chronic interstitial hepatitis, yet a few such cases are recorded.

Dr. J. Cornillon reports ("Rapports de l'hemeralopie et de l'ictere dans les hypertrophies du foie," *Prog. Med.*, ix, 1881, p. 157; and "De l'hemeralopie dans les affections du foie," *ibid*, x, p. 439) altogether seven cases. In all his cases icterus was present, and he considered the hemeralopia only appeared long after the icterus, diminishing when it was ameliorated, aggravated when it was augmented. In only one case was an ophthalmoscopic examination made; in this there was dilatation of the veins of the retina, fine and exsanguinated arteries, and in the neighborhood of the principal trunk and its ramifications was an intense œdema, as if that region was strewn with white, milky spots. There were no pigmented or hæmorrhagic spots.

Parinaud reports ("De l'hemeralopie dans les affections du foie," etc., *Arch. Gen.*, 1881, p. 413) three cases of hemeralopia associated with enlarged livers; nothing appreciable in the fundus of the eye. This author states that these associated conditions have been recognized for a long time, and he suggests that the treatment of hemeralopia by the ancients, by administering the liver of calves or sheep, was in consequence of their knowledge of the associated conditions.

As the works on diseases of the eye do not refer to hemeralopia consequent upon diseased liver, it may be well to emphasize that point here, so that those having cases of hemeralopia will examine into the condition of the liver.

GALACTAGOGUE.—Through the columns of your very popular journal, I would like to call the attention of the profession to the remedy Nutrolactis, a galactagogue, prepared by the Roseberry Nutrolactis Co. of New York City. My attention was directed to this remedy a short time since, and ym limited experience with it has been attended with the most satisfactory results, as you will see from the report of the following cases:

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Case I.—Mrs. J., an American, aged twenty-eight years; has always enjoyed good health; tolerably robust; the mother of five children, the first and third of which were still-born; the second and fourth she was unable to nurse longer than six or eight weeks, one breast being disabled on account of retraction of the nipple, and the lacteal secretion completely ceasing in the other at this time.

When the last infant was eight weeks old, and as usual her milk was failing her, and in addition thereto being of very poor quality, I prescribed Nutrolactis. In less than one week the mammary secretion had increased to that extent that she was now almost able to fully nourish her infant from the one breast. Judging from the appearance of her fat and vigorous infant, which is now more than five months old, the quality of her milk is highly nutritious.

With her, all of the so-called galactagogues had been tried with invariably negative results.

Case II.—Mrs. R., also an American, aged twenty years, primipara, of delicate constitution and somewhat anæmic. Was the subject of defective lactation from the beginning—one breast being disabled by abscess, and the secretion of milk never becoming fully established in the other. The infant came near starving to death before the true cause was ascertained and the use of the bottle commenced.

My attention was called to this case when the infant was about eight weeks old. The mother informed me she was not giving half enough milk to nourish her babe, and what she did give seemed to be of poor quality. I at once prescribed Nutrolactis, and requested her husband to report results at the end of four days. He did so, and informed me that she had about discarded the use of the bottle. In about one week she laid the bottle aside, being now able, from the one breast, to fully nourish her infant. Under the use of it, her health, as well as the condition of her infant, has greatly improved.

Aside from its galactagogue properties, it is an efficient general tonic—improving the appetite, digestion and assimilation.

I report these two cases for the reason that I believe Nu-

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trolactis to be by far the best galactagogue ever presented to the medical profession.

It is a combination, and composed of the following: Galega officinalis, galega apolinea, tephrosea virginica.

I hope other members of the profession will give it a trial and report results.—*B. F. Jones*, M.D., *in Med. Brief.*

Salix Nigra.—There is no doubt in our mind that this agent is more valuable than is generally supposed. It possesses astringent properties, but its best effect is on the sexual apparatus, as a sedative. It quickly controls nearly all cases of ovarian neuralgia or ovarian hyperæsthesia; and in hysteria, with ovarian irritation as a complication, the effects are marked and speedy, and highly satisfactory. It overcomes extreme nervousness and globus hystericus and the headache, tranquilizing the system, and producing rest and sleep. In chronic ovarian irritation, and in ovarian pain and dysmenorrhœa, its effects are sure and reliable. It will correct the leucorrhœa present in these cases, and will strengthen the entire uterine apparatus.

In the male it calms sexual excitement, cures spermatorrhœa when due to sexual irritability, and quickly controls many cases of prostatorrhœa which are intractable under other treatment. From twenty to forty minims of the fluid extract three times daily is the proper dose in a convenient vehicle. We wish our readers would freely experiment with the agent and write us the result of their experimentation. *Chicago Med. Times*, June, 1889.

Sulphonal in Night Sweats.—In addition to the hypnotic properties enjoyed by sulphonal, this drug is capable, according to Dr. Bottrich of Hagen, Westphalia, of exercising a most beneficial influence in night sweats. It acts, he thinks, very similarly to atropine, but, unlike it, is quite free from any undesirable effects. He found this property out by accident, having prescribed a quarter of a gramme (nearly four grains) for an old woman of eighty as a sleeping powder. The patient had been suffering from the most profuse night sweats, obliging her to change her things twice during the

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same night. After the first dose she asked the doctor whether he had not put something in the powder to prevent the sweats. On making further observations, Dr. Bottrich convinced himself that as a rule half a gramme (seven grains and a half) of sulphonal will stop night sweats. Its effects seem fortunately to be somewhat permanent, as even after the drug has been stopped the night sweats are found to be much less severe than they were previously to taking it.—*Lancet.*

Salt in Milk for Children.—Dr. A. Jacobi (*Arch. of Ped.*) says that the addition of chloride of sodium prevents the solid coagulation of milk by either rennet or gastric juice. The cow's milk ought never to be given without table salt, and the latter ought to be added to women's milk when it behaves like cow's milk in regard to solid curdling and its consequent indigestibility. Habitual constipation of children is influenced beneficially, since not only is the food made more digestible, but the alimentary secretions, both serous and glandular, are made more effective by its presence.

Axioms in Electro-Neuro-Therapy.—1. Paralysis of vaso-motor centres is followed by dilatation of capillaries.

2. Irritation of vaso-motor centres is followed by contraction of capillaries.

3. Paralysis of spinal nerves is followed by contraction of capillaries in paralyzed area.

4. Irritation of spinal nerves is followed by dilatation of capillaries at points of irritation.

5. Irritation of spinal nerves inhibits vaso-motor activity in area irritated—vaso-motor paresis.

6. Paralysis of spinal nerves allows increased tonic action of vaso-motor centres, in paralyzed area—inhibitory actions of spinal system being removed—and increased vaso-motor activity is shown by contraction of the capillaries.

7. Increased amount of oxygen in the blood—arterial blood supply—lessens activity of the vaso-motor centres.

8. Diminished amount of oxygen—venous blood supply—increases tone or activity of vaso-motor centres.

9. Afferent impulses affecting the vaso-motor centres are for the most part conveyed by the sensory nerves, while afferent impulses from these centres pass along special vaso-motor nerves.

10. Afferent impulses may either inhibit or exalt the activity of a given vaso-motor centre.—*Shaw, in St. Louis Med. & Surg. Journal.*

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Memphis Medical Monthly.

[FORMERLY MISSISSIPPI VALLEY MEDICAL MONTHLY.]

SUBSCRIPTION PER ANNUM, ONE DOLLAR,

INVARIABLY IN ADVANCE.

The MONTHLY will be mailed on or about the fifteenth of the month. Subscribers failing to receive it promptly will please notify us at once.

Original communications, etc., should be in the hands of the Editor on or before the fifteenth of the month preceding their publication.

We cannot promise to furnish back numbers.

Clinical experience—practical articles—society proceedings, etc., and medical news of general interest to the profession, solicited. All communications, whether of a business or literary character, should be addressed to the Editor.

F. L. SIM, M.D., Editor.

Memphis, Tennessee.

OUR RIVER STEAMERS.—While home has its endearments, a summer tour has its joys and health-promoting advantages, and the tide of travel is annually assuming greater proportions with the Southern people, but the thoroughfare formerly regarded by them as the royal road to pleasure, the Great Father of Waters, has grown into sad neglect. Why is this? Railroads have been constructed along-side of our water courses and throughout the interior. In many instances they are more convenient than water craft, and cars are always more rapid in transit. But is the latter the object of those who seek a change for the benefit of their health or for recreation? To answer this question would necessitate inquiry into the benefits accruing from a residence at a watering place or health resort, other than those which follow a simple change of surroundings, scenery, etc., and leaving the cares of business and home life behind. We are inclined to the belief that nine persons out of ten—perhaps more—owe their improved condition while away from home to the latter factors above noted, rather than to any climatological influences or to health restorative water. If this, then, is true, why should one hasten through the country at a break-neck speed, when the cost of comfortable traveling, good board, momentary change of scenery, invigorating atmosphere and genial surroundings may be had on any of our palatial steamers plying the Western and Southern waters? All agree that a life on

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our inland water, like that upon the ocean wave, is the most advantageous to health. The infant will frequently recuperate when suffering from "summer complaint" if exposed to these pleasant surroundings for but a few hours each day. In most of our cities the ferry-boat and the excursion craft are utilized for this purpose. A trip or two each day has been found to prove far more beneficial than any medicine. Scarcely a day passes at this season, but that parents are advised to take their children by way of a steamer to another climate. In most of such instances the child is restored before reaching its place of destination and yet the climate to which it has been taken receives the credit for the restoration. Adults suffering various diseases find a trip on the river all that is needed for their relief. Neurasthenia, or nervous prostration, especially yields to the change in diet, fresh air and kaleidoscopic views ever presenting themselves—with ample time for viewing and contemplation—by river travel. Board on a first-class steamer plying the Mississippi river would be but little more if as much as that attainable at a first-class hotel, either at watering places or on the seashore, while the time would be passing and the advantages for improvement would be just as good as at the latter places. The railroad has become indispensable to the business man, but for the party who desires to spend a few weeks from home for the purpose of rest and recuperation it is too fatiguing. The river method of travel presents the sanitarium at your door, and as soon as the boat cuts loose from the wharf all of the hygienic surroundings most favorable for revitalizing the system are present. Here the overworked brain or heat-exhausted physical system at once begins the recuperative effort.

By rail the expense of travel is from ten to twenty dollars per day, with diet of uncertain quality and dyspepsia-producing time to eat it. By river three or four dollars per day will cover all expenses and furnish sumptuous fare. By rail the appetite is usually impaired; by water most persons eat until they become ashamed of themselves—and this, with absolute impunity.

Some objections are, however, justly urged against water

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travel, especially during the summer months. Leading among these is the hot condition of the boat while at the shore—especially the high temperature of the cabin and staterooms.

This objection could and should be met by the adoption of a suitable system of electric fans. Some of them should be placed in front of the cabin, some within the cabin, and one in each stateroom. The latter should be only such as are suitable for these apartments—fans with but moderately rapid movement. They should be wholly under the control of the occupant of the room and so conveniently arranged that they could be started or stopped at will, without compelling the passenger to rise from his bed. In this way when the boat lands at night the room could be kept pleasant until she started again. The fans located elsewhere should be under the control of a suitable attendant and properly regulated for the comfort of all. By this method the sleeping apartments could be rendered quite comfortable day or night, and the other parts of the boat as pleasant when tied up to the bank, as when under way. The question of expense need hardly be considered when such elaborate outlays are now indulged with little or no useful end in view. But this need not be great, as all well-appointed passenger steamers carry a dynamo for electric lights in front, the power is always on hand, and the plant necessary for running the fans and the fans themselves need not be costly.

The water furnished the passengers is often objectionable, especially when served as it comes from the river. This can easily be remedied and should be, under all circumstances. Boiling the water will rid it of micro-organisms and filtration purge it of ordinary impurities.

We feel quite confident that if the parties interested in steamboating would adopt these and some additional methods of serving the public upon their boats, and then keep the facts, advantages and pleasures before the people through the medium of the press, as do the railroads the scenery along their routes and the watering places to be reached by this or that special road, our rivers would become the great health restorers and our steamers the leading hotels of the country.

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THE MEMPHIS TRAINING SCHOOL FOR NURSES.—The Commencement exercises of this institution were held at the hall of the Young Men's Hebrew Association on the evening of June 22d. Addresses were made by Col. J. M. Keating and Miss Jenny M. Higbee, Principal of the Higbee School, and the annual report was read by Miss W. M. Hatch, the Superintendent. Mr. W. J. Crawford, President of the Board of Trustees, awarded diplomas to the following young ladies: Misses Lena Argevin, Hattie Dunlap, Effie Ingram and Tillie J. Aiken.

We take the following extract from the report of the Superintendent, setting forth the object of the school and outlining its management:

Its object is to give a thorough course of practical and scientific instruction to young women desirous of becoming professional nurses. The course of training in this school covers a period of eighteen months. During this time a regular course of instruction is given by lectures delivered by physicians on the subjects of anatomy, physiology, practice of medicine, materia medica and obstetrics. Twenty-four lectures are delivered each year. In addition to this course class recitations are given once a week by the superintendent of the school, and during the term of eighteen months practical teaching is given at the bedside of the sick, in the sanitarium to which the school is attached. There are now in the school five nurses.

During the period of eighteen months, which have now elapsed since its organization, the school has nursed and cared for 231 patients. Whenever it has been possible, the superintendent has endeavored to supply nurses to any physician in the city who might need them in private practice. The number of demands for private nurses up to this time has been thirty-four; twenty-six of these demands have been supplied.

During the term of service fifty recitations have been given and forty-three lectures.

The school has been organized and conducted upon the same plans as have been adopted by the oldest and best-known training schools in this country. The women upon whom diplomas are to be conferred this evening have been carefully selected with reference to their mental, moral and physical qualifications; they have also stood the test of a thorough examination upon the subjects of instruction in this school,

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and they are now sent out into the world as trained nurses, and for them the school earnestly asks encouragement and support of the community.

We would take this occasion to inform physicians of the city and the surrounding country that trained nurses can now be obtained here for their trying cases. The value of an experienced nurse is evident to every physician.

THE HEALTH ORDINANCE AND SCARLET FEVER.—Unless there is earnest unity of action between the physicians and the health authorities in the practical enforcement of the law, little benefit can be looked for. Indeed the efforts of the Board without the co-operation of the physicians are more than likely to bring into disrepute either the authorities themselves, or the sanitary teachings that have led to the enactments. The poison of scarlet fever, as all know, is extremely subtle and tenacious of its powers. Bearing this in mind the isolation of the patient should be complete up to the time absolutely fixed for disinfection. The fact is, however, that many cases are so mild in character that the child is often out playing with other children a number of days before the placard is ordered removed by the attendant and the disinfection done. This is not the fault of the physician, for he usually advises the restriction of such patients, however mild the disease may be, to its room for two weeks. This is necessary for the safety of the child in the mildest cases and certainly desirable for the protection of other children. Now the point is this; the physician should insist on isolation and the occupation of one room only until he is further advised, if the case is such as not to require his visits. Then, when, as often happens, the parents refuse to carry out his mandates and assume control themselves, he should order the sign taken down that the customary disinfection may be practiced.

THE ACID SALTS OF PHOSPHORUS.—Dr. Joseph Eichberg of Cincinnati read a paper before the Cincinnati Medical Society on the evening of April 9th, upon this subject. The object of the paper was to set forth some experience in the use of these salts, and difficulty in procuring suitable prepar-

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ations. He expressed a marked preference for the Crystalline Phosphates prepared by the Provident Chemical Works of St. Louis. Dr. Eichberg said:

I was first led to use this remedy by a personal experience of its efficacy in most promptly relieving the feeling of heaviness and distress incidental to indulgence in some particularly indigestible article of food. The cardialgia, the fullness and weight in the epigastrium, the metallic, pasty taste in the mouth, were all relieved within ten minutes after taking the remedy. Shortly after this, a patient, coming to the office for some local trouble, complained of the unpleasant effect of some cheese which he had taken a few hours before; and was also benefited in a few minutes by taking Crystalline Phosphate. In several other instances has success been equally decisive; and in each case the patient declared himself relieved in a very short time.

Prompted by this favorable experience, I began the use of the remedy rather extensively in a number of cases in which gastric symptoms constituted a prominent feature, and, as the result of that test, have been led to the conclusion that we have in the acid salts of phosphorus remedies of fully equal value with either dilute nitric or hydrochloric acid; in many cases the phosphorus compounds will be found superior.

Poisoning by Medicines Not Intended for Internal Use. We frequently hear of persons taking medicines internally, either by mistake or otherwise, that have been prescribed for external use, *i. e.*, liniments, embrocations and lotions containing drugs that when used as intended by the physician, would produce no constitutional influence, but if taken internally prove toxic. The laws of most if not all of our States require the dispensing clerk to label poisons, as such, when selling them over the counter. There can be but little more reason for the enforcement of such laws than one compelling physicians to the same course when they prescribe remedies of powerful toxic properties if taken internally, but intended wholly for local use. In the case of prescriptions the druggist does not feel at liberty to do otherwise than as directed by the author of the same, and but few physicians are in the habit of ordering the danger signal placed upon such prescriptions. As an objection to doing so, it is urged that the family may become alarmed at the sight of the word POISON

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upon anything they have to handle. This objection is certainly a prudent and forcible one if the ℞ is allowed to go to the apothecary and return, so marked without any explanation upon the part of the one who gave it. On the contrary if the physician explains to the family that this is his habit to prevent a possible error upon their part, the objection ceases to be one of any force whatever, and safety is attained by impressing the risk, if the package is not kept apart from all others.

A Year of Acetanilide in Pediatric Practice, was the subject of a paper read by Dr. I. N. Love, of St. Louis, in the Section on Pediatrics. He arrived at the following conclusions: 1. Acetanilide, carefully guarded and properly used is a safe and reliable remedy in the diseases of childhood. 2. Whether used for the antipyretic, analgesic, or sedative effect, it is preferable to antipyrine, in that the result procured is of longer continuance and the depression is not so great. 3. The cyanosis which sometimes results from its liberal use is not uniform, and while it is not an agreeable feature, my experience corroborates that of other observers, to the effect that it soon passes off and is not accompanied by danger. 4. It is not desirable in reducing temperature, no difference what means are employed to use them in excess to the extent of securing sudden and great reduction. Especially is it preferable in using acetanilide for antipyretic purposes, to give it in medium doses to the extent of keeping the temperature down to a reasonable point in the neighborhood of 100° F. It is better to give small doses and repeat them more frequently, rather than large ones at long intervals. 5. It is of great value as a controller of temperature in the various fevers, whether they be caused by the typhoid germ, malaria or exanthemata. 7. It serves also as a specific in whoopingcough, not in aborting the disease, as it has a definite course to run, but in mitigating the discomforts and controlling the paroxysms of the same. 8. Acetanilide, while of great value, and surely safer than antipyrine, is no exception to the rule that obtains with all drugs. It should be handled carefully, administered judiciously, and under no

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circumstances should the public be educated to its use. 9. Medicines, the tools of the physician, should no more be left to the indiscriminate use of the lay public than the tools of the surgeon or soldier. E. S. M.

MEDICAL EDUCATION.—Dr. John H. Rauch, Secretary of the Illinois State Board of Health, in his recent report on Medical Education, Medical Colleges and the Regulation of the Practice of Medicine in the United States and Canada, from 1765 to 1889, states that:

A study of this report will show that while there is an increased number of medical institutions that have recognized their duties in this regard, there are still some which seem wedded to as low a standard as it is at all compatible with even scant recognition by the medical profession. On the other hand, the improvements in the methods of instruction and in the practical facilities for study, not less than in the exaction of a preliminary test of fitness for the study of medicine—have been more marked during the period which has elapsed since the publication of the last report of the Board on this subject than during any similar period in the history of the country.

STATE BOARD OF MEDICAL EXAMINERS.—Some changes have occurred in the *personnel* of the Examining Board since our last reference to it. The members now holding positions thereon are, Drs. E. E. Hunter, Elizabethtown; J. B. Murfree, Murfreesboro; T. J. Happel, Trenton (in lieu of Dr. Saunders); Heber Jones, Memphis; W. B. Halbert, Lebanon, (eclectic); Thos. H. Hicks, Knoxville (homeopathic).

As we said before any changes occurred, "no better material could have been selected." But why a member of the profession who had had the honor to have been selected as the alternate of Dr. Saunders, was not appointed when Dr. S. declined to serve, and that too after the Governor had requested the State Medical Society to name the men he should appoint, is singular indeed. Yet even more singular is the fact, that the President of the State Medical Society, at the time these selections were made, and who, while in the chair of honor appointed the committee that made the selections, should himself lower the dignity of the State organ-

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ization by accepting membership in the Board, without consulting his neighbor—the choice of the Society—the Society itself, or the profession.

The Board was organized in Nashville on the 18th of June (ult.) by the election of Dr. Murfree President, and Dr. Happel Secretary and Treasurer. The first regular meeting was then fixed for the Monday before the second Tuesday in April, 1890, at Memphis. It was agreed at this meeting that a call meeting should be held at Nashville *this fall, probably* on the 15th of October. Quite a long time *between drinks*, gentlemen, especially when it was believed, before the enactment of this law, that there were so many old sores to be looked after and such an influx of effete material requiring disinfection or rejection.

ALDEN'S MANIFOLD CYCLOPEDIA.—We are glad to note the appearance of Volume XIII of this excellent publication. It takes the work along from Electricity to Exclaim. The information is condensed, but clear, accurate, and brought down to date. There is no slighting of any points, and the more important topics are treated with admirable fullness. A cyclopedia of some kind is needed in every home and in every school. This costs but little, while for general use it is far more convenient and practical than the large and very expensive works. It presents just the kind of information which is needed in everyday life. Another valuable feature is found in the illustrations which are freely used where needed to explain the text. Price only 60 cents a volume in cloth, or 75 cents in half morocco, sent prepaid; or to those ordering before July 1, 1889, the publisher offers the thirteen vols. now ready, in cloth, prepaid, for $6.20, or in half morocco for $8.15. John B. Alden, publisher, New York, Chicago and Atlanta.

THIOL.—We find the following in *Notes on New Remedies*, issued monthly by Messrs. Lehn & Fink of New York:

This preparation is soluble in water without decomposing. The astringent taste of Thiol is especially noticeable in this form. Not alone that in this form we have a preparation which is entirely free of water, a matter sometimes of the

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utmost importance, we can hail it as a remedy for internal use, and therefore far superior to Ichthyol. Besides, it can also be used as a dusting powder in affections of the skin, where absorbents are of special value, principally those which are introductory to Eczema (as Eryth. Caloric. Eryth. ex profluviis), also for Erysipelas, fresh burns, blisters, as in Pemphigus, Dermatitis herpetiformis, Impetigo, etc. For this purpose a 10 to 20 per cent. mixture is used, being mixed with either Talcum, Starch, or Oxide of Zinc, as occasion may require. Considering the favorable experience of Unna with Ichthyol as a healing agent for wounds of the skin, it should be but a short time before Thiol will be used in the practice of Surgery, as Kocher recommends Bismuth. Subnitr. Its use as a dusting powder would naturally be regulated by its cost. This very thing induced me to make researches, and I consider it a most important item. We were often compelled in our Polyclinics to dispense with the use of Ichthyol owing to its high price. As we now have two preparations of equal value, it will naturally produce competition, and thereby reduce prices. This end may be easily attained if some of our more prominent members of the profession, not only dermatologists but regular practitioners, will convince themselves by using it, of its comparative efficiency with Ichthyol.

DEPARTMENT OF THE INTERIOR, CENSUS OFFICE,
WASHINGTON, D. C., May 1, 1889.

To the Medical Profession—The various medical associations and the medical profession will be glad to learn that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census.

As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal registration.

In view of this, the Census Office, during the month of May this year, will issue to the medical profession throughout the

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country "Physicians' Registers" for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will co-operate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census.

Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with the Register, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehensive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

It is hereby promised that all information obtained through this source shall be held strictly confidential.

ROBERT G. PORTER,
Superintendent of Census.

MEETING OF AMERICAN MEDICAL EDITORS' ASSOCIATION.—The news from the Association meeting is meager at the time of going to press. The Address by the President, Wm. C. Wile, A.M., M.D, was of superior merit.

MEMPHIS MEDICAL SOCIETY.—At the last meeting the following officers were selected for the ensuing year: T. J. Crofford, M.D., President; C. T. Peckham, M.D., Vice-President; E. Miles Willett, M.D., Secretary and Treasurer. It is to be hoped that a little more interest will in future be manifested by the members.

Robinson's Lime Juice and Pepsin is an excellent remedy in gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. See adv. page 35.

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BOOK NOTICES.

MATERIA MEDICA AND THERAPEUTICS. For Physicians and Students. By John B. Biddle, M.D., late Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia. Eleventh edition, revised and enlarged, with special reference to Therapeutics and to the Physiological Action of Medicines. By Clement Biddle, M.D., U. S. Navy, and Henry Morris, M.D., Fellow to the College of Physicians, Philadelphia, Demonstrator of Obstetrics and Gynecology in Jefferson Medical College, etc., etc. With numerous illustrations. P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia, publisher. Price $4.25.

Most of our readers appreciate the value of "Biddle's Materia Medica." The eleventh edition has followed so closely upon the tenth that its popularity is thus more fully illustrated than by any other method within our knowledge. The editors have carefully gone over this edition, expunging obsolete matter, correcting errors and re-writing such parts as seemed in need of the same. Twenty new cuts have been added and the action of new drugs have received that attention their merits entitle them to.

ABSTRACTS.—In speaking of the antiseptic properties of the mercuric chloride the author says: A solution of the required strength may be made as follows: ℞ Hydrargyri chloridi corrosivi, ʒj; divide in chart viij. Sig.—One powder dissolved in a pint of *hot* water forms a solution of 1 to 1000; or, as the powders are somewhat difficult of solution, ℞ Hydrargyri chloridi corrosivi, ʒi; alcohol, fʒij. M. Sig.—fʒij, in a pint of water—1 in 1000 parts. If the latter solution is to be kept for some time, it is well to add an equal weight of ammonium chloride to the corrosive sublimate to prevent decomposition of the latter salt.

Acetanilide and antifebrin ($C_6 H_5 NH. COCH_3$) are used as synonyms.

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ment of the Jefferson College Hospital with almost unvarying success. Dr. S. W. Gross collected 90 cases of hydrocele treated by carbolic acid method, all of which were successful, though suppuration ensued in three.

The above work should be in the hands of every practitioner of medicine.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A Work of Reference for Medical Practitioners. Seventh Yearly Volume (1889.) E. B. Treat & Co., publishers, 771 Broadway, New York. Price $2.75.

This, the seventh yearly volume of the Annual, is a grand triumph for both editors and publishers, and unfolds to the medical profession on every page a stern reminder that onward we must march if we keep pace with the daily progress being made.

The first part of the work is devoted to new remedies, including mechano- and electro-therapeutics.

The second part contains the diseases arranged in alphabetical order, and a full account of every new method of treatment found in the literature of any part of the world during the last year.

Part third contains a large amount of miscellaneous information, greatly useful in routine practice.

LECTURES ON NERVOUS DISEASES from the Standpoint of Cerebral and Spinal Localization, and the Later Methods Employed in the Diagnosis and Treatment of these Affections. By Ambrose L. Ranney, A.M., M.D., Professor of the Anatomy and Physiology of the Nervous System in the New York Post Graduate Medical School and Hospital; Professor of Nervous and Mental Diseases in the Medical Department of the University of Vermont, etc. Profusely illustrated with original diagrams and sketches in color by the author; carefully selected wood cuts and reproduced photographs of typical cases. F. A. Davis, publisher, 1231 Filbert st., Philadelphia, Pa. Price $5.50

The first section of this work treats of those facts (anatomical, physiological, and pathological) upon which the science of cerebral and spinal localization of today is, of necessity, based.

Section second discusses more completely than most works in this field the various steps which should be taken by an aspirant in neurology during the clinical examination of a patient; and the deductions which may be drawn from the facts thus elicited.

Sections three and four treat of individual diseases of the

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brain and spinal cord. Each is discussed from the clinical standpoint of the *localization* of the lesions described, as well as the recognition of the type which is encountered.

Functional nervous diseases receive a section of careful study, and much original information is here given the profession. This section also comprises a full *resume* of the researches of Dr. George T. Stevens respecting the bearings of "eye-defect and eye-strain" upon the causation and cure of these imperfectly understood conditions.

The final section treats of electricity—an agent which is today invaluable in neuro therapeutics.

The work as a whole, radically differs in arrangement and plan from others published upon this department of medicine. Both the student and practitioner will find in Ranney's Lectures on Nervous Diseases a work that is clear, concise and complete, beautifully and accurately illustrated, and withal a text that is so pleasingly worded as to be at once forceful and attractive.

ABSTRACT.—Today, the "crowbar case" is no longer a mystery to specialists in neurology. Bullets have been shot through the brain since then without loss of motion, sensation, or intellect; and, in some cases, they have been known to remain buried in the brain substance for months without apparent ill effects. Five years ago a breech-pin of a gun, four and three-quarter inches long, was forced into the brain of a boy nineteen years old, through the orbit, and its presence was not suspected for some five months. It was discovered during a surgical attempt to repair the facial deformity that resulted from the accident. Death followed the removal of the foreign body from the brain, in consequence of inflammation created by the piece of iron, or possibly by its extraction. This case is quite as remarkable as the crowbar case, but it excited less interest in neurological circles because we are in possession of new facts.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE. By Stephen Smith Burt, M.D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post Graduate Medical School and Hospital; Physician to the Out-Door Department (Diseases of the Heart and Lungs) Bellevue Hospital. D. Appleton & Co. publishers, 1, 3 & 5 Bond street, New York city.

The manual before us is the outcome of requests from the students, for a work that would embody the author's methods

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pursued in teaching. Professor Burt has utilized his own large experience as well as the common stock of the medical curriculum, and has succeeded in making a very attractive little book.

ELECTRICITY IN THE DISEASES OF WOMEN, with Special Reference to the Application of Strong Currents. By G. Betton Massey, M.D., Physician to the Nervous Department of Howard Hospital; late Electro-Therapeutist to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases, etc., etc. Published by F. A. Davis, 1231 Filbert street, Philadelphia, Pa. Price $1.50.

With Dr. Massey's large experience in the use of electricity, he has succeeded in producing a book, at once concise and yet sufficiently elaborate and practical in character.

AMERICAN RESORTS, with Notes Upon Their Climate. By Bushrod W. James, A.M., M.D., Member of the American Association for the Advancement of Science; The American Public Health Association; Pennsylvania Historical Society; The Franklin Institute, and the Academy of Natural Sciences, Philadelphia; The Society of Alaskan Natural History and Ethnology, Sitka, Alaska, etc. With a Translation from the German by Mr. S. Kauffmann of those Chapters of "Die Klimate der Erde," written by Dr. A. Woeikoff of St. Petersburg, Russia, that relate to North and South America and Islands and Oceans contiguous thereto. Intended for invalids and those who desire to preserve good health in a suitable climate. F. A. Davis, publisher, 1231 Filbert street, Philadelphia. Octavo, 300 pages, cloth. Price $2.

The book before us is not what we anticipated from the title, yet it draws attention to some of our American health resorts quite satisfactorily, but neglects to more than casually mention others of national reputation. Much information, however, can be obtained upon such topics as the physician should at all times be competent to advise his clientelle in search of health-restoring waters and climate.

DISEASES AND INJURIES OF THE EAR—THEIR PREVENTION AND CURE. By Charles Henry Burnett, A.M., M.D., Aural Surgeon to the Presbyterian Hospital; one of the Consulting Aurists to the Pennsylvania Institution for the Deaf and Dumb; Lecturer on Otology, Women's Medical College of Pennsylvania, in Philadelphia, etc., etc. J. B. Lippincott Company, Philadelphia, Pa., publishers. Price $1.

This is one of the series of works being published by the Lippincott Company, denominated "Practical Lessons in Nursing." The plain method of describing diseases of the ear, by the author, it is hoped, will enable many to avoid them by care, or, if contracted, will aid in recognizing their nature, and thus prevent experimental and erroneous forms of treatment, so much in vogue, and which usually do more

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PULMONARY TUBERCULOSIS—ITS ETIOLOGY, SYMPTOMATOLOGY AND THERAPEUTICS. By Prof. Dr. H. Von Ziemssen, Dictator of the Medical Clinic at Munich. Translated by David J. Doherty, A.M., M.D., Instructor in the Chicago Polyclinic. Published by George S. Davis, Detroit, Mich. Price, in paper, 25 cents; in cloth, 50 cents.

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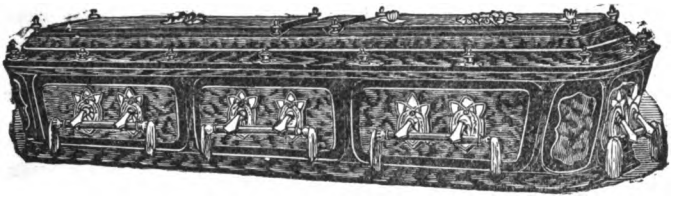

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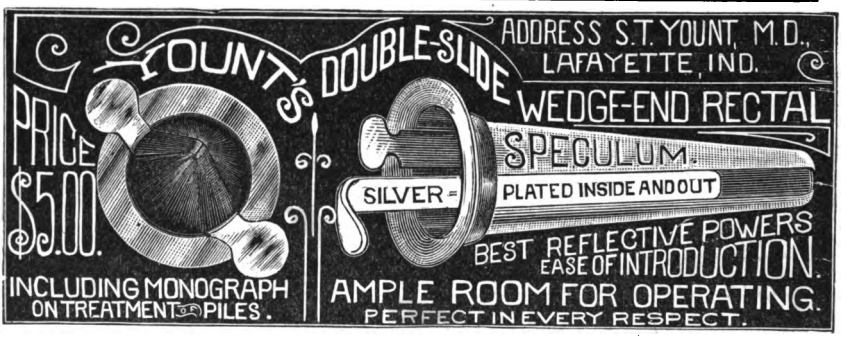

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STANDARD NUTRITIVE TONIC

FOR

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Superior to any other preparation as a Safe and Pleasant Appetizer and Invigorant, and as a food in

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FORMULA:—The Active Principles of *Phytolacca Decandra*, Gaultheria Procumbens, *Hamamelis Virginica*, *Hydrastis Canadensis*, Mentha Arvensis, Thymus Vulgaris.

Prepared by Distillation and Lixiviation with two grains of C. P. Boracic Acid to each fluid drachm.

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INDICATIONS:

Catarrhal states of Nose, Eye, Ear, Throat, Stomach and Bowels. It is unsurpassed as Vaginal Wash, and valuable in the Puerperal state, Septicæmia, Pyæmia and Surgical Fever.

DOSE.—From one-half to one fluid drachm.

IN ACUTE CYSTITIS, when the urine is painful, scalding and irritating, use internally from one-half to a teaspoonful every three or four hours, or a little later on when the inflammation becomes Chronic, as an injection into the bladder in the proportion of from one to two drachms to two ounces of tepid water.

IN LEUCORRHŒA use one ounce to eight ounces of water as an injection once or twice a day.

IN ALL CATARRHAL states of nose and throat, locally, half and half, or by atomization or inhalation in the proportion of one drachm to two ounces of water.

IN STOMATITIS, ulcerative or gangrenous, use either as a gargle (four drachms to two ounces), or internally thrice daily in the usual dose.

IN PHARYNGITIS and LARYNGITIS use through inhalation in proportion of one drachm to two ounces of water.

IN GONORRHŒA, as an injection, four drachms to two ounces of water once or twice a day as indicated.

IN OBSTETRIC PRACTICE, both as a prophylactic measure and cleansing agent, it is most excellent. It should be applied to hands in full strength in making vaginal examinations or used per enema in the proportion of one part to eight of water.

IN VAGINITIS, specific or non-specific, as an injection from one to four ounces of water.

IN DERMATITIS locally applied in full strength every two or three hours.

IN SCORBUTIC or Hemmorrhagic conditions of the gums, it will be found efficient in the proportion of one drachm to one ounce water.

KATHARMON CHEMICAL CO.,

WRITE FOR SAMPLE. **SAINT LOUIS.**

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A TRUE CHEMICAL COMBINATION OF REFINED CAMPHOR AND PURE CHLOROPHENIC ACID.

It Prevents Suppuration in Fresh Wounds, whether incised or lacerated, and controls it in wounds in all stages;
Its Local Anæsthetic Property *abolishes* or obtunds pain almost immediately, two qualities which, combined, make it the most Effective Antiseptic Vulnerary and Dressing yet offered to the Medical Profession.

For Sale by all Drugsists. For Samples and Literature address,

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Doctor, we offer you a complete solution of the Question of Infant Feeding.

It is universally conceded that Mother's Milk of good quality is the best nutriment for infants.

This is the nourishment that we enable nursing mothers to supply abundantly.

When our new preparation **NUTROLACTIS** is given to nursing mothers whose milk is scanty, although the breasts are almost entirely dry, it will in the course of two days, or three at farthest, so increase the quantity that there will be milk enough to completely nourish a vigorous infant; the quality of the milk will be good, and at the same time the health and strength of the mother will be improved.

If the quantity of a mother's milk be adequate but the quality poor, lacking in nutritive elements, the use of this remedy will quickly and notably improve the quality and maintain the quantity until the end of normal lactation.

Physicians are assured that its use is always perfectly harmless.

DIRECTIONS.—One large tablespoonful immediately after meals, dilute with one or two tablespoonfuls of cold water, and a dose before retiring at night until the milk flows freely. After that two doses each day will maintain the supply and the quality.

Formula.—Galega officinalis, Galega apolinea, Tephrosea Virginica.

Prepared by the **ROSEBERRY NUTROLACTIS COMPANY,**

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LION BREWERY.

TO THE MEDICAL PROFESSION:

The Windisch, Muhlhauser Brewing Co., of Cincinnati, O., finding that their special brand of beer (invalid's beer) has been so liberally endorsed and highly recommended by the medical profession, and learning also of much embarrassment in procuring their goods in certain localities where temperance agitation is manifest, they have concluded to use all reasonable and legitimate means to secure co-operation with physicians in behalf of the sick and the proper use of a beer when desired. The multiple great and small ills for which physicians declare they have successfully recommended beer is a guarantee of their liberality, wisdom and good faith, and of the good results attained by its use. Outside of large cities, where there is temperance agitation, or where prohibitory law prevails, the doctor, patient and liberal society, prescribe this remedy in illness that should govern the use of this agent. Learned doctors know better than any other class of men the meaning of a pure stimulant and food combined, yet, for policy sake, sometimes yield to be bound by the condition of local affairs and issues. Knowing whereof we speak, we declare that the abuse of the general traffic in beer offends society and not the article. Speaking in general terms, it is a fact, that society would like to drink a pure beer, under the advice of the family physician for the recovery and promotion of health, but many will not be identified with the general traffic. To meet this demand of the profession and the people, we earnestly ask for the co-operation of the physicians, in extending in the market this pure beer, at reasonable prices, manufactured especially for invalids.

Each bottle will be labeled "PURE BEER for invalids, manufactured by the Windisch, Muhlhauser Brewing Co., Cincinnati, Ohio."

NOTE. — We invite the attention of Physicians to this reliable brand of Beer, feeling that it will meet a long felt demand of the profession and society.

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WHEELER'S TISSUE PHOSPHATES.

Bone-Calcium Phosphate $Ca_{3\text{-}2}$ PO_4, Sodium Phosphate Na_2 HPO_4, Ferrous Phosphate Fe_3 $_2$ PO_4, Trihydrogen Phosphate H_3PO_4.

Wheeler's Compound Elixir of Phosphates and Calisaya. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility.

The Lactophosphates prepared from the formula of Prof. Dusart, of the University of Paris. Combines with a superior Pemartin Sherry Wine and Aromatics in an agreeable cordial, easily assimilable and acceptable to the most irritable stomachs.

Medium medicinal doses of Phosphorus, the oxydizing element of the Nerve Centers for the generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of Functional activity of Liver and Pancreas and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxydizing Constituent of the Blood for the Generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids of Calisays, Anti-Malarial and Febrifuge; Extract of Wild Cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

The Superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of Subduing Fever and Allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of Faulty Nutrition, the outcome of Indigestion, Malassimilation of Food, and *failure of supply* of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

There is no strychnia in this preparation, but when indicated, the Liquor Strychniæ of the U. S. Dispensatory may be added, each fluid drachm of the solution to a pound bottle of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness, especially in Dyspeptic Troubles with Constipation, in Nervous Debility, and in Chronic Malaria.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M. D.,

Put up in pound bottles and sold by all Druggists at One Dollar. **Montreal, D. C.**

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The attention of Physicians is especially called to my superior facilities for compounding Prescriptions sent by mail, where the ingredients are rare, and not obtainable at home, or are required to be of especial purity or strength. Physicians who keep up with the march of medical science, would do well to keep this in mind. All Prescriptions are filled by graduated Pharmacists. I also furnish Physicians' supplies. All letters promptly answered, and the favor of a call solicited. Respectfully,

HENRY J. HEISTER,

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MEDICAL DEPARTMENT

OF THE

Tulane University of Louisiana

(Formerly, 1847-1884, The University of Louisiana.)

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Emeritus Professor of Surgery.

STANFORD E. CHAILLÉ, M. D.,
Professor of Physiology & Pathological Anatomy

JOSEPH JONES, M. D.,
Professor of Chemistry and Clinical Medicine.

ERNEST S. LEWIS, M. D.,
Professor of Obstetrics and Diseases of Women and Children.

SAM'L LOGAN, M. D.,
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EDMOND SOUCHON, M. D.,
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A. B. MILES, M. D.,
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Lecturer on Diseases of the Eye and Ear, S. D. KENNEDY, M. D.
Lecturer on Dermatology, HY. WM. BLANC, M. D.
Demonstrator of Anatomy, RUDOLPH MATAS, M. D.
Asst. Demonstrator of Anatomy, A. McSHANE, M. D.
Demonstrator of Microscopical Anatomy and Bacteriology, E. LAPLACE, M. D.
Instructor of Practical Pharmacy, A. L. METZ, PH. G.

The next annual session of this Department, now in the fifty-sixth year of its existence, will begin on Monday, October 21st, 1889, and end on Wednesday, April 2d, 1890. The first four weeks of the term will be devoted exclusively to Clinical Medicine, Surgery, Obstetrics and Gynecology in the wards and amphitheatre of the Charity Hospital; to practical Chemistry in the Chemical Laboratory; and practical Anatomy in the spacious and well-ventilated anatomical rooms of the University.

The means for practical instruction are unsurpassed in the United States, and special attention is called to the superior opportunities presented for

CLINICAL INSTRUCTION.

The Professors of the Medical Department are given by law the use of the great Charity Hospital as a school of practical instruction, and medical students are admitted without payment of any : ospital fees. The Charity Hospital contains seven hundred beds, the number of patients annually admitted varies from six to eight thousand, and the number of visiting patients varies from twelve to fourteen thousand. Its advantages for practical study, and especially of the diseases of the South West, are unequalled by any similar institution in this country. The Medical, Surgical and Obstetrical Wards are visited daily by the respective Professors, and all students are expected to attend and to familiarize themselves, at the bedside of the patients, with the diagnosis and treatment of all forms of diseases and injuries. Regular lectures are also given daily from 8:30 to 11 a. m. in the Amphitheater of the Hospital, either on Clinical Medicine or Clinical Surgery, or Gynecology, and this thorough course of practical clinical instruction is followed by the usual didactic lectures in the three ample lecture-rooms of the Medical Department.

The administrators of the Charity Hospital elect annually, by competitive examination in March fourteen Resident Students, who are given board and lodging free of charge.

TERMS PER ANNUAL SESSION.

	1st Session.	2d Session.
Matriculation Ticket (once only, on admission)	$5 00	$.....
General Tickets to the Lectures of all Professors	140 00	140 00
Ticket of Demonstrator of Anatomy	10 00	10 00
Diploma Fee (once only, when graduated)	.....	30 00
	$155 00	$180 00

After the total fees (for two full courses) of $305, as above have been paid, no fees, except the $30 Diploma fee) are required for subsequent courses, however numerous. The payment of the total $335 may be distributed over a three years' course, as follows, viz.: $115 the first year, $110 the second year and $110 the third year. Students and graduates can select such partial courses as each may desire. All fees are payable in advance.

Students who have attended and paid for two full courses of lectures, the last of which was in this institution, are entitled to attend thereafter without charge.

Candidates for graduation are required to be twenty-one years of age, to have studied three years, to have attended two full courses of lectures, and to pass a satisfactory examination.

Graduates of other respectable schools are admitted upon payment of the Matriculation and half Lecture Fees. They cannot, however, obtain the Diploma of the University without passing the regular examination and paying the regular Graduation Fee.

As the practical advantages here offered for a thorough acquaintance with all the branches of medicine and surgery are unsurpassed by those possessed by the best schools of New York and Philadelphia, the same fees are charged.

The fees for the course in Pharmacy are $60 per session.

For further information and circular, address:

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A Modified and Improved Form of Chemical Food.

A SOLUTION of the Phosphates of Iron, Sodium, Potassium and Calcium, in an excess of Phosphoric Acid.

Each fluidounce represents:

Phosphate	Sodium	12 Grains.
"	Potassium	4 "
"	Calcium	4 "
"	Iron	2 "
Free	Monohydrated Phosphoric Acid	16 "

Each fluidounce is approximately equal to thirty (30) grains of Monohydrated Phosphoric Acid, free and combined.

This preparation is equal in therapeutical value to the old reliable Parish Chemical Food, and in elegance and palatability it is far superior. The full benefit of Phosphoric Acid and the above-named Phosphates, as a remedy for Nervous Exhaustion, General Debility, Deranged Digestions. Renal Troubles, etc., will be derived from our Phosphoric Elixir."

Dose—The average dose is a desertspoonful (2 fldrs) diluted with water, to be taken immediately before, during, or after meals.

PINTS, $1.00.

Messrs. R. A. Robinson & Co. Riverview, Ky., December 30, 1886.

It affords me much pleasure to be able to bear testimony to the virtues of some of your Specialties. I have prescribed your Lime Juice and Pepsin in several cases of chronic indigestion, with very happy results. I have also used your Phosphoric Elixir in extreme nervous exhaustion, with incipient paralysis, and have obtained good results. I can cheerfully recommend your preparations for purity, excellence and palatability. The eminent reputation of your house for honorable dealing, is a sufficient guarantee that all your preparations are reliable and precisely as represented. Respectfully, (Signed) JOHN TOTTEN, M. D.

Corn Creek P. O., Trimble Co , Ky.

Messrs. R. A. Robinson & Co , Louisville Ky. San Francisco, Cal., May 9, 1887.

Gentlemen—I wish to inform you of the great benefit I have received from your preparation—"Phosphoric Elixir"—and I take this opportunity of writing you before my departure, to the Seal Islands of Alaska as Special Agent of the U. S. Treasury Department.

No man within my knowledge has suffered more than I with nervous trouble; I have spent money and time; I have traveled to obtain relief, but nothing seemed to help me very long. Your "Phosphoric Elixir" was recommended, and from the time I took the first dose I have improved. Your Elixir has done me more good than all the other remedies combined. My nervousness was cause by indigestion; I have suffered now for three years with prostration, and I have never heard of anyone suffering as much as I have; often fainting when walking or riding; I have taken Phosphorus in different forms, but it did not have the desired effect. You may use this letter if you wish. I remain, gratefully yours, (Signed) WM. GAVITT.

Please Specify Robinson's.

ROBINSON'S
COLORLESS HYDRASTIS

Contains the active principle of Golden Seal, the Alkaloid Hydrastin, combined with the odorous constituents of the root, and freed from the resinous substances and objectionable yellow Berberian Salts contained in the root.

It is especially adapted, however, for local use in urinogenital troubles, and other affections in which Hydrastis has been found useful as an antiseptic. For this purpose it should be diluted with, from three (3) to six (6) parts of water with which it is miscible in all its proportions.

This Preparation is internally administered in the same doses as the ordinary Fluid Extract, i. e. thirty to sixty minims.

Each fluid ounce of our "Colorless Hydrastis" is equivalent to two and a half (2½) grains of the White Alkaloid Hydrastin. **PINT BOTTLES, $1.25.**

Please Specify Robinson's. **For Sale by Druggists.**

R. A. ROBINSON & CO.,

Manufacturing Pharmacists, Louisville, Ky.

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Headquarters for TRUSSES AND CRUTCHES, in great variety.

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Exclusive Agent in this city for sale of SARATOGA, VICHY, also GEYSER and other NATURAL MINERAL WATERS.

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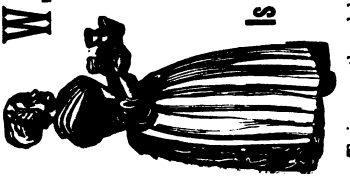
No Chemicals.

W. BAKER & CO.'S

Breakfast Cocoa



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To increase the solubility of the powdered cocoa, various expedients are employed, most of them being based upon the action of some alkali, potash, soda or even ammonia. Cocoa which has been prepared by one of these chemical processes, can usually be recognized at once by the distinct alkaline reaction of the infusion in water.

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1:2000 PEPSIN 1:600

FINK'S SCALE PEPSIN

FINK'S SCALE PEPSIN will dissolve 2000 parts coagulated albumen by WITTE'S test, as well as by the National Formulary or any other recognized authoritative test.

A sample of this preparation has been examined by Dr. Ad. Tscheppe (a recognized authority, *vide Amer. Druggist*, Feb. 1889, and previous contributions to the pharmaceutical press,) who reports as follows:

Messrs. LEHN & FINK: NEW YORK, Feb. 7, '89.

Gentlemen—I am happy to report favorably on the sample of new pepsin sent for assay last Monday. I subjected it to comparative tests with two of our most potent pepsins of American make, P. D. & Co.'s and Fairchild's, and found it to be of equal potency with P. D. & Co.'s preparation in scales, and stronger than Fairchild's.

For these tests I used the method given by Dr. Witte, and also the assays described in the *National Formulary*, page 98, which I consider to be the most advanced and circumspect methods of testing pepsin for its comparative and its absolute power of solving coagulated albumen.

I declare this sample of pepsin as answering the highest claims made on commercial pepsins now, both in regard to its appearance and physical properties, as also its solvent power.

It is in every respect similar to P. D. & Co.'s scale preparation.

Yours respectfully,
ADOLPH TSCHEPPE, D. P.

The following extract is taken from Dr. F. WITTE'S similar report:

The test employed was the following:

Pepsin Solution { 0.1 gramme Pepsin, 20. " Water, 1 drop HCl (Muriatic Acid),

Ingredients for the Test { 10 grammes Albumen, 150 " Water, 130° F., 18 drops HCl (Muriatic Acid), 1 gramme Pepsin Solution (0.005 Pepsin) see above.

PROPORTION, 1:2000.

DIRECTION. Boil the albumen 10 Minutes in the egg, then press through a thirty mesh sieve, and dry. Ten grammes of this resultant dry albumen put in a 12 oz. vial, add 150 grammes water, at 130° F, then 18 drops of muriatic acid (HCl), and finally 1 gramme of the Pepsin Solution: this mixture allow to macerate 2½ hours at 120° F., and thoroughly agitate by shaking every 3—5 minutes.

If the Pepsin is of the required strength, the 2000 parts albumen will be entirely dissolved; to establish the comparative strength of a Pepsin that will not digest the full amount of albumen, strain the mixture through linen gauze, dry the solid residue, and determine the proportions by weighing the dry residue, and deducting from the original 2000 parts.

Parallel test made with P. D. & Co.'s and Fink's Scale Pepsins yielded exactly identical results; viz: in both instances 1 part of Pepsin dissolved 2000 parts albumen in 2 hours and 40 minutes; both containers were rigorously shaken every 3—4 minutes.

Price, $1.00 per Ounce.

GERMAN SCALE PEPSIN

PEPSINUM PURUM, IN LAMELLIS, L. & F.—This new style scale pepsin was first introduced in this country by us, manufactured expressly for us in Germany, and according to our specific directions.

Without any effort to establish for our article a proprietary interest or popular standing, it has earned for itself a standard reputation, and our sales have quietly and steadily increased to very large proportions. We will continue to consider it merely as an article of general merchandise, without the protection of copyright, trade-mark or patent right; but we will devote to it the same careful attention that has made for it a reputation and popularity.

Our pepsin is made for us by a chemist who is an authority on Digestive Ferments, and who has devoted his attention for many years exclusively to the manufacture of Pepsin and kindred preparations.

Careful comparative tests made simultaneously of samples of any pepsins on the market, and our own, under the same conditions at 100—105° F., with 8 ozs. acidulated water (distilled water containing 1 per cent. by volume of U. S. P. Hydrochloric Acid), will prove that one grain of L. & F. German Scale Pepsin will dissolve 681 grains albumen, and that no other SOLUBLE PEPSIN, suitable for the extemporaneous preparation of Wines, Liquors, and all other dry or liquid compounds of pepsin, will equal this degree of digestive potency.

GERMAN SCALE PEPSIN is positively non-hygroscopic, and can be dispensed in paper or exposed to the air; it makes a standard SACCHARATED PEPSIN with 19 parts of Sugar of Milk, and is easily powdered for this purpose.

We have a standard for the artificial test of pepsin in the National Formulary, and the requirement is that 1 part of pepsin dissolve over 600 parts coagulated albumen under certain unchangeable circumstances. Until a revision of this standard is consummated by a properly qualified committee we may assume that pepsin of that strength will yield every possible result that its use requires. As a matter of fact, we have eminent authority for the statement that a pepsin of greater strength than 1:600 acts with not a whit more potency; it is true, however, that popular sentiment can be directed in a certain, even though erroneous, direction—and the superlative pepsin, 1:2000 seems to have the popular sanction at present So long as this popularity lasts the demand for the concentrated product will be supplied—not by one or a few manufacturers, but by all: for if one can produce a pepsin of this quality, so can the many. We incline to the opinion, however, that the final verdict will be a complete endorsement of the sound judgment and prescience of the committee who revised the National Formulary and established the standard, 1:600.

Price, 50 Cts per Ounce.

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ATHENSTAEDT'S IRON TINCTURE

Tinct. Ferri Comp. Athenstaedt.

The advantages of Athenstaedt's Aromatic Tincture of Iron over other similar preparations may be briefly stated as follows:

1. It contains as a constant ingredient, exactly fixed and warranted, one-fifth of 1 per cent. of metallic iron. 2. The preparation is fixed and permanent at every temperature. 3. It has a very pleasant taste, the disagreeable ink-like flavor of iron being totally disguised. 4. It causes no inconvenience of digestion, not even after continued use, but improves appetite and digestion. 5. It is not in the least injurious to the teeth. 6. Chemically it is a peculiar preparation, containing the iron in an organic oxide-combination, masked, i. e., dissolved without having the slightest taste of it; and it is FREE FROM ALKALI AND ACID.

DIRECTIONS.—Adults may take a tablespoon to a wineglassful three times a day, during or after meals; the dose for children should be reduced and regulated according to age. The preparation may be taken with water or milk at pleasure.

LEHN & FINK, Sole Agents, NEW YORK.

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Pepsin in Infantile Diarrhœa.

Statistics show that the mortality rate of infantile diarrhœa, as it manifests itself in the summer months, is higher than that of any other disease.

Unhygienic conditions and improper nourishment, aggravated by high temperature, are the chief causes assigned for the prevalence of this disorder. How to effectually remove or overcome these causes is a question of the gravest importance to sanitarians and physicians. It must be admitted, however, that these conditions, for a large portion of infantile humanity, must continue to exist, and consequently the problem presented to physicians is how to cure the disease in spite of unfavorable conditions when it has firmly established itself. The solution of this question often taxes the ingenuity of the medical attendant in vain.

How shall the conditions present best be met? To answer this query has inspired exhaustive contributions from the pens of our most learned writers. It is admitted by all that one of the causes which incites and perpetuates the gastric and intestinal inflammation is undigested, or partly digested, fermenting milk or other food, the decomposition of which is accompanied by the development of ptomaines and other toxic principles. It is as an aid to the removal of this cause, both in predigesting milk or other food before it is given, and in digesting fermented undigested food in the stomach that Pepsin is indicated in infantile diarrhœa, and its efficacy has been attested by many well known medical writers. See *J. Lewis Smith, M. D., Archives of Pediatrics, Sept.*, '86, *p.* 518; *Nov.*, '86, *p.* 699; *Nov.*, 1864, *p.* 424. *Prof. Vocher, of Berlin Archiv. f. Kinderh, vol.* 9, *p.* 3. *Dr. I. N. Love, St. Louis Weekly Medical Review, Aug.*, 88. *T. Lauder Brunton, Diseases of Digestion, p.* 291. *A. Holt, N. Y. Archiv. Pediatrics*, 1886, *p.* 732. *A. G. Bigelow, Archiv. Pediatrics*, 1884, *p.* 430. *Discussion at German Medical Congress, at Salzburg*, 1881, *by Demme, Biedert, Gerhardt, Henock, Steffen, Thomas, Soltman, Pfeiffer. Prof. Leeds, Archiv. Ped.*, 1864, *p.* 431, *etc.*

With the improvements that have of late been made in the purity, quality, and digestive efficacy of pepsin, this agent is likely to play a more important and definite part in the treatment of intestinal inflammations than ever before. Its ease of administration, its certainty of action when a proper product is administered, will, we believe, lead to its extensive use.

We say *proper product*, advisedly, for it is well known that many pepsin products are absolutely inert or of very low digestive power, or infested with chemical poisons (leucomaines and ptomaines – See Vaughan and Novy's Ptomaines and Leucomaines), the disagreeable odor they possess being significant of putrefaction.

It goes without saying that a product of the latter type would only augment the inflammation, and physicians should look well to the character of the pepsin used. It should, in the first place, be absolutely devoid of the odor characteristic of putrefying mucus, and in the second place, it should freely dissolve in water at all temperatures, for, as solubility is one of the distinguishing peculiarities of the unorganized ferments, it is the best evidence of purity in a pepsin.

We guarantee the purity, activity and solubility of our pepsin products. Our pepsin is absolutely free from odor, and has been shown by expert examination to be free from ptomaines and leucomaines, and demonstrated by an exhaustive comparative test to possess twice the digestive power of the most active hitherto introduced. (See Observations on Digestive Ferments, by R. H. Chittenden, Ph. D., *Phila. Medical News*, February 16, 1889.)

In raising the standard of digestive strength by our investigations, we have adopted 1 to 2,000, forty times that required by the last pharmacopœia, believing this strength would best meet practical requirements. We are, however, prepared to supply pepsins of almost any strength up to a product capable of dissolving 6,000 times its weight of albumin.

Since a 1 to 2,000 pepsin has been proven to be amply efficient and most convenient for making the officinal preparations, it is a question if a higher power pepsin, of which an inconveniently small dose would be required, would not unnecessarily embarrass dispensers without accomplishing practically any better results.

It is not probable that the pharmacopœia will ever adopt a standard for pepsin higher than that which we now observe, and it will only be by recognizing this authority that the term "pepsin" can ever come to mean a preparation of definite digestive strength. As it now is, unless some particular brand is specified, a pharmacist is justified in putting up the most worthless products on his prescriptions.

Sample of Pepsinum Purum in scales or in powder and reprints of articles by eminent authorities on pepsin and pancreatin, list of preparations and information of methods of peptonising food, mailed free on request.

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